



Board of Directors

Meeting Agenda

December 9th, 2021

Board of Directors Members

Present:

-

North Sound Behavioral Health Administrative Services

Organization (North Sound BH- ASO) Staff Present:

-

Guests Present:

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- 1. Call to Order and Introductions** – Chair
- 2. Revisions to the Agenda** – Chair
- 3. Approval of the November 4th, 2021, Minutes:** Chair
 - **Motion #21-51** Attachment
- 4. Comments & Announcements from the Chair**
- 5. Reports from Members:** Chair
- 6. Comments from the Public:** Chair
- 7. Report from the Advisory Board:** Chair Attachment
- 8. Report from the Executive Director** Attachment
- 9. Report from the Finance Officer** Attachment

10. Report from the Governance Operations Committee: Chair

All matters listed with the Consent Agenda have been distributed to each Member for reading and study, are considered to be routine, and will be enacted by one action of the Executive Committee with no separate discussion. If separate discussion is desired, the item may be removed from the Consent Agenda and placed on the Regular Agenda by request of a member.

Consent Agenda Attachment

Motion #21-52

- To review and approve the North Sound Behavioral Health Administrative Services Organization claims paid from **October 1st, through October 31st** in the amount of **\$2,405,470.21**.
- Payroll for the month of **October** in the amount of **\$152,215.28** and associated employer benefits in the amount of **\$65,793.55**.

Motion #21-53

- To review and approve the North Sound Behavioral Health Administrative Services Organization claims paid from **November 1st, through November 30th** in the amount of **\$3,175,228.34**.
- Payroll for the month of **November** in the amount of **\$152,667.28** and associated employer benefits in the amount of **\$56,642.60**.

11. Action Items

For Board Approval

North Sound BH-ASO 2022 COLA

Summary:

- Based on conversations at the November 11th Board of Directors meeting, we have developed three options for the 2022 COLA. This does not include a COLA for the Executive Director, that will be decided at a later date.

For Board consideration:

- 1) The original proposal of **6.285%** based on the 2021 change in the Consumer Price Index
- 2) The average change in COLA over the last 5 years – **3.316%**
- 3) No COLA salary or a different COLA amount that might be suggested by a Board member

Motion #21-54

- To approve a _____% COLA for the 2022 North Sound BH-ASO Budget with an effective date of January 1, 2022.

North Sound BH-ASO 2022 Operating Budget https://www.nsbhaso.org/who-we-are/boards-and-committees/board-of-directors/Proposed%202022%20Budget_without%20COLA.pdf Attachment

Chair: The Public Hearing for the North Sound BH-ASO 2022 Operating Budget Presentation is now open.

Chair: Are there comments from the public on the proposed 2020 Operating Budget?

Chair: The Public Hearing Session Commencement time is _____p.m.

Summary:

The 2022 Operating Budget is being presented for approval. The motion will include the COLA as approved in Motion #21-54.

Motion #21-55

- To approve the North Sound BH-ASO 2022 Operating Budget with a COLA of _____% with an effective date of January 1, 2022.

Summary:

The contracts being submitted for approval this month fall into four distinct categories:

- Health Care Authority (HCA) contract to include funding for the period of January 1, 2022, through June 30, 2022.
- Downstream contracts for General Fund-State (GF-S) Mandatory Services (Crisis Outreach, Involuntary Treatment Act (ITA) Services, ITA inpatient, Secure Withdrawal Management, Proviso Funding)
- Downstream contracts for Substance Abuse Block Grant (SABG) Priority Services (Pregnant & Parenting Women Housing Services (PPW), Individuals using Intravenous Drugs (IUID) Opiate Outreach)
- Downstream contracts for GF-S/SABG/Mental Health Block Grant (MHBG) Services within Available Resources (Mental Health & Substance Use Disorder Outpatient, SUD Residential, Triage Services)

The downstream contracts follow the HCA contract. The funding for the downstream contracts is included in the same amendment, which is why you will see the same numbered amendment under a different category of funding. The funding allocations for the downstream contracts will be developed over the next month.

Areas of new funding are highlighted.

Health Care Authority

K-4949 is providing the funding for the period of January 1, 2022, through June 30, 2022.

- New deliverables are included in the January amendment along with the off-cycle amendment’s additional funding and programs. No new funding is expected for the period of January – June 2022.

Motion #21-56

- HCA-NS BH-ASO-K-4949-Amendment 4 providing the ASO GF-S funding and legislative provisos for the period of January 1, 2022, through June 30, 2022.

GF-S Mandatory Services

Summary:

The following contracts are providing mandatory behavioral health services.

- Compass Health
 - Crisis Outreach, ITA services, Program for Assertive Community Treatment (PACT), Evaluation and Treatment Services, Discharge Planners **Whatcom Triage Diversion Pilot**
- Snohomish County
 - Crisis Outreach, ITA services
 - Proviso Funding-Jail Transition Services, Designated Marijuana Account, Trueblood Funds
- Volunteers of America
 - Toll Free Crisis Line
- Telecare
 - Evaluation and Treatment Services, Discharge Planners
- American Behavioral Health Services (ABHS)
 - Secure Withdrawal Management
- Community Action of Skagit County (CASC)
 - Ombuds Services
- Sea Mar
 - Assisted Outpatient Treatment
- Lifeline Connections
 - PACT
 - HARPS
- Snohomish County Superior Court
 - Juvenile Treatment Services
- Island County
 - Proviso Funding-Jail Transition Services, Trueblood Funds, Designated Marijuana Account, HARPS subsidies
- San Juan County
 - Proviso Funding-Jail Transition Services, Designated Marijuana Account & HARPS subsidies
- Skagit County
 - Proviso Funding-Jail Transition Services, Designated Marijuana Account, Trueblood Funds
- Whatcom County
 - Proviso Funding-Jail Transition Services, Designated Marijuana Account, Trueblood Funds,

Motion # 21-57

- NS BH-ASO-Compass Health-ICCN-19-22 Amendment 7 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Snohomish County-ICCN-19-22 Amendment 4 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-VOA-ICCN-19-22 Amendment 5 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.

- NS BH-ASO-Telecare-ICCN-19-22 Amendment 2 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-ABHS-ICN-19-22 Amendment 2 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-CASC-ICN-19-22 Amendment 5 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Sea Mar-ICN-19-22 Amendment 3 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Lifeline Connections-ICN-19-22 Amendment 5 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Snohomish County Superior Court-ICN-19-22 Amendment 3 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Island County-ICN-19-22 Amendment 8 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-San Juan County-ICN-19-22 Amendment 5 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Skagit County-Interlocal-19-22 Amendment 5 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Whatcom County-ICN-19-22 Amendment 8 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.

* * *

Substance Abuse Block Grant (SABG) & Mental Health Block Grant (MHBG) Priority Services

Summary:

The following contracts are providing SABG priority Services:

- Brigid Collins
 - Pregnant and Parenting Women (PPW) Housing Support Services

- Evergreen Recovery Centers
 - PPW Housing Support Services
- Catholic Community Services
 - PPW Housing Support Services
- Therapeutic Health Services
 - Medication Assisted Treatment
- Island County
 - Opiate Outreach
- Community Action of Skagit County
 - Opiate Outreach
- Snohomish County
 - Opiate Outreach
- Whatcom County
 - Opiate Outreach
- Lifeline Connections
 - Peer Pathfinder Incarceration Pilot (includes mental health and substance abuse block grant funds)
- Telecare Corp.
 - Peer Bridger Program, Peer Bridger Relief Funds

Motion #21-58

- NS BH-ASO-Brigid Collins-ICN-19-22 Amendment 4 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-ERC-ICN-19-22 Amendment 5 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-CCS NW-ICN-19-22 Amendment 4 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-THS-ICN-19-22 Amendment 3 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Island County-ICN-19-22 Amendment 8 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-CASC-ICN-19-22 Amendment 5 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Snohomish County-ICN-19-22 Amendment 4 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.

- NS BH-ASO-Whatcom County-ICN-19-22 Amendment 8 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Lifeline Connections-MHBG-20-22 Amendment 3 to provide additional funding to the Peer Path Finder services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Telecare-MHBG-19-22 Amendment 2 to provide additional funding to Peer Bridger services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.

GF-S/SABG/MHBG Services within Available Resources

- Compass Health
 - SUD outpatient services in San Juan County
 - Snohomish & Whatcom County Triage Services
- Evergreen Recovery Centers
 - Withdrawal Management Services
 - Mental Health Infant Specialist
- Island County
 - Co-Responder project
- Lifeline Connections
 - SUD Outpatient services
 - Recovery Housing
- Lake Whatcom Center
 - PACT
 - Mental Health outpatient services
 - Substance Use outpatient services
- Pioneer Human Services
 - Skagit & Whatcom withdrawal management services
 - SUD residential services
- Sea Mar
 - Mental health outpatient services
 - Substance use outpatient services
 - SUD residential services
- Volunteers of America (VOA)
 - Emergency Response for Suicide Prevention (ERSP)

Motion #21-59

- NS BH-ASO-Compass Health-ICCN-19-22 Amendment 7 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.

- NS BH-ASO-ERC-ICN-19-22 Amendment 5 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Island County-ICN-19-22 Amendment 8 to provide the funding for co-responder services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Lifeline Connections-ICN-19-22 Amendment 5 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-LWC-ICN-19-22 Amendment 3 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-PHS-ICN-19-22 Amendment 7 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Sea Mar-ICN-19-22 Amendment 3 to provide the funding to continue services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-VOA-ICCN-19-22 Amendment 5 to provide the funding for suicide prevention follow up services under this contract. The contract term is July 1, 2019, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract

Professional Service Contract

Summary:

Telecare has approached Skagit County and North Sound BH-ASO to cover costs for infrastructure at the new Evaluation and Treatment Center. Infrastructure costs include resident/office furniture, kitchen equipment and miscellaneous items. The funding type is Federal Block Grant. In conversation with Skagit County, it was decided we would split the costs, each paying \$125,698.

Motion #21-60

- NS-BH-ASO-Telecare-PSC-21 for the provision of \$125,698 of federal block grant funds to cover half the costs of infrastructure needed to open and operate the E&T facility. The contract term is December 1, 2021, through June 30, 2022.

New Federal & State Holiday-Juneteenth

Summary:

North Sound BH-ASO is proposing to add the new Holiday to the 2022 holiday closure calendar. In accordance with our Personnel Policy the Board of Directors has the authority to amend, modify or terminate benefits, language follows: *“North Sound BH-ASO Board of Directors reserves the right, in its sole discretion, to amend, modify or terminate, in whole or in part, any or all of the provision of the benefit plans described herein.”*

Motion #21-61

- Approve the addition of the 2022 Federal and State Holiday Juneteenth (June 19th) to the North Sound BH-ASO calendar of holiday closures.

12. Adjourn

Next Meeting: January 13, 2022



BOARD OF DIRECTORS VIRTUAL MEETING MINUTES

November 4,
2021

Board of Directors Members present:

- Jill Johnson, County Commissioner; Island County, Board Chair
- Darcy Cheesman, Legislative Aid, Snohomish County; designated alternate for Sam Low, Snohomish County Council Member
- Heidi Beazizo, Sr. Legislative Analyst, Snohomish County; designated alternate for Jared Mead, Snohomish County Council
- George Kosovich, Skagit County Public Health; additional designated alternate for Peter Browning
- Perry Mowery, Human Services Supervisor, Whatcom County; designated alternate for Satpal Sidhu, County Executive
- Duncan West, North Sound BH-ASO Advisory Board Chair
- Cammy Hart-Anderson, Snohomish County Human Services; designated alternate for Dave Somers, Snohomish County Executive
- Nicole Gorle, Legislative Analyst, Snohomish County; designated alternate for Nate Nehring, Snohomish County Council
- Barbara LaBrash, Human Services Manager, San Juan County; designated alternate for Cindy Wolf, County Council Member
- Peter Browning, Commissioner; Skagit County
- Lynda Austin, Island County Human Services; designated alternate for Jill Johnson, Commissioner

North Sound Behavioral Health Administrative Services Organization (ASO) staff present:

- Joe Valentine, Executive Director; North Sound BH-ASO
- Darrell Heiner, Accounting Specialist; North Sound BH-ASO
- Margaret Rojas, Assistant Director, North Sound BH-ASO
- Joanie Wenzl, Clerk of the Board; North Sound BH-ASO

Guests present:

There were no guests present during this meeting

Call to Order and Introductions – Chair Johnson

The Chair called the meeting to order and had the Clerk of the Board, Joanie Wenzl, read the names of the participants via MS Teams

Revisions to the Agenda – Chair

The Chair asked if there were any revisions to the agenda, there were none

Approval of the October 14th, 2021, Minutes, Motion #21-47 – Chair Johnson

Cammy Hart-Anderson moved the motion for approval, Peter Browning seconded, none opposed, none abstained, all in favor, motion #21-47 carried

Comments & Announcements from the Chair

Chair Johnson said 16.8 million was received from ARCA. She added that over one half of the amount will be used for housing

Reports from Members

- Snohomish/Cammy: The recruitment for a DCR continues, the fifth recruitment was just completed. There may be a hiring bonus. HB 1310 has impact on the urgency of the hire.
- Skagit/George: Funding was allocated for the Drop-In Peer Support Center. Hoping it will be up and running next year.
- San Juan/Barb: The struggle with housing issues continues. The Mobile Crisis Teams staff are doing well.
- Whatcom/Perry: Interviewing for the Human Services Manager continues; working on response in the crisis system; the Crisis Stabilization Center continues in development; workforce challenges continue; the 16 bed Recovery House for adult males is moving along.

Comments from the Public

There were no comments from the public

Report from the Advisory Board

Duncan West gave the Report from the Advisory Board. The invitation to the Advisory Board's Winter Celebration will be forwarded to the Board Members.

Report from the Executive Director

- Presentation by Michelle Osborne and Associates
Diversity, Racial Equity, and Inclusion; (DREI) Michell Osborne, Nora Korena, Toni Belcher, Irwin Batara
- The DREI Presentation was given by the staff listed above; questions were answered.
- Joe Valentine gave the Report from the Executive Director which included the following topics:
 - RECOVERY NAVIGATOR PROGRAM
 - COMMUNITY BEHAVIORAL RENTAL ASSISTANCE [CBRA]
 - COVID FEDERAL BLOCK GRANT PLAN
 - CRISIS SERVICES
 - HB 1310 UPDATE
 - WORKFORCE DEVELOPMENT
 - NORTH SOUND BH-ASO PROPOSED 2020 OPERATING BUDGET

Report from the Finance Officer

The *October and November* reports will be reviewed during the December 9th Board Meeting

The Chair read the note above to the Board Members

Report from the Governance Operations Committee

All matters listed with the Consent Agenda have been distributed to each Member for reading and study, are considered to be routine, and will be enacted by one action of the Executive Committee with no separate discussion. If separate discussion is desired, the item may be removed from the Consent Agenda and placed on the Regular Agenda by request of a member.

Consent Agenda

The *October and November* warrants will be reviewed for approval during the December 9th Board Meeting

The Chair read the note above to the Board Members

Action Items

For Board Approval

Health Care Authority

Summary:

- HCA is renewing the contract for Peer Path Finder services. This grant funds two (2) Peers to provide outreach and engagement to individuals who are homeless or at risk of becoming homeless. The annual funding for this contract is \$115,844. Lifeline Connections is the provider of these services in Skagit & Whatcom Counties.
- HCA is renewing the contract for Projects for Assistance in Transitions of Homelessness (PATH) services. This grant funds case management services to individuals who are homeless with the intent to enroll them in the PATH grant and connect them to community behavioral health services. The annual grant funding is \$219,026 with a 33% match provided by North Sound in the amount of \$73,008.75. Bridgeways is the provider of these services in Snohomish County. Bridgeways contract already includes the annual funding being approved in the motion below.

Motion #21-48

- HCA-NS BH-ASO-K-5613 for the provision of Peer Path Finder Services in the North Sound Region. The term of this contract is September 30, 2021, through September 29, 2022.
- HCA-NS BH-ASO-K-5620 for the provision of PATH Services in the North Sound Region. The term of this contract is October 1, 2021, through September 30, 2022.

Peter Browning moved the motion for approval, Perry Mowery seconded, none opposed, none abstained, all in favor, motion #21-48 carried

Lifeline Connections

Summary:

- Lifeline Connections provides Peer Path Finder services in Skagit & Whatcom counties. The funding is being passed through in the amount of \$115,844 for the period of October 1, 2021, through September 30, 2022. This funding is a companion to the HARPS funding.
- Lifeline Connections also provides the HARPS team services and HARPS subsidies in Skagit & Whatcom counties. The next six-month HARPS funding is added to this amendment for the period of January 1, 2022, through June 30, 2022. North Sound received the annual HARPS funding in July 2021.

Motion #21-49

- NS BH-ASO-Lifeline Connections-MHBG-20 Amendment 2 to provide the annual Peer Path Finder funding and the second half of the HARPS team and subsidy funding. The contract term is November 1, 2020, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.

Cammy Hart-Anderson moved the motion for approval, Peter Browning seconded, none opposed, none abstained, all in favor, motion #21-49 carried

Community Behavioral Health Rental Assistance (CBRA-Dept. of Commerce)

Summary:

These contracts are based on our CBRA plan which was presented at the October 14th Board of Directors meeting.

- Bridgeways will be managing a portion of the CBRA subsidies in Snohomish County. The funding is \$77,187 for the period of November 1, 2021, through June 30, 2022. Bridgeways is also receiving \$25,000 of Federal Block Grant funds for case management services.
- Catholic Community Services (CCS) will be managing the CBRA subsidies in Skagit County. The funding is \$88,524 for the period of November 1, 2021, through June 30, 2022.
- Compass Health will be managing CBRA subsidies in San Juan and Snohomish Counties. The funding amount is \$18,277 in San Juan County and \$694,685 for Snohomish County for the period of November 1, 2021, through June 30, 2022. Compass Health is also receiving \$50,000 for San Juan County of Federal Block Grant funds for case management services.
- Lake Whatcom Center will be managing CBRA subsidies in Whatcom County. The funding amount is \$209,724 for the period of November 1, 2021, through June 30, 2022.

Motion #21-50

- NS BH-ASO-Bridgeways-CBRA ICN-21 to provide the CBRA rental assistance and case management services in Snohomish County. The contract term is November 1, 2021, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-CCS-CBRA ICN-21 to provide the CBRA rental assistance in Skagit County. The contract term is November 1, 2021, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Compass Health-CBRA ICN-21 to provide the CBRA rental assistance in San Juan and Snohomish Counties and case management services in San Juan County. The contract term is November 1, 2021, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.
- NS BH-ASO-Lake Whatcom-CBRA ICN-21 to provide the CBRA rental assistance in Whatcom County. The contract term is November 1, 2021, through June 30, 2022, with an automatic one-year renewal on July 1, 2022, based on continued compliance with the terms of the contract.

Peter Browning moved the motion for approval, Cindy Wolf seconded, none opposed, none abstained, all in favor, motion #21-50 carried

Introduction Items

- The 2022 North Sound BH-ASO Proposed Operating Budget
 - [https://www.nsbhaso.org/who-we-are/boards-and-committees/board-of-directors/Proposed%202022%20Budget final revised%2020211026.pdf](https://www.nsbhaso.org/who-we-are/boards-and-committees/board-of-directors/Proposed%202022%20Budget%20final%20revised%2020211026.pdf)
 - Joe Valentine gave a PowerPoint presentation/overview of the 2022 North Sound BH-ASO's Proposed Operating Budget. He answered questions from Board Members. It was requested that the basis for the 2022 COLA estimate be sent to members. The Clerk of the Board, Joanie Wenzl, will gather the information from the ASO's Data Analyst and send it out to Board Members following the meeting today.
 - It was noted by the Chair that the ASO Executive Director's performance review will take place prior to the transition of the new Board Chair which will happen next year following the changeover of the elected county positions.
 - It was also noted by the Chair that the Board needs to start meeting in person again.

Adjourn: 2:58 p.m.

Next meeting: December 9th, 2021

DRAFT

1. NEW PROGRAMS

HCA has added funding to our contract for two new programs: *New Journeys* and *HOST*

a. New Journeys: [Attachment 1 – “New Journeys Coordinated Specialty Care Funding FAQ]

- a program that uses a multi-disciplinary team to provide wrap-around treatment services to transition-aged youth and young adults and their families when first diagnosed with psychosis.
- There are currently eleven New Journey's Teams operating across the state – none in North Sound. HCA has the funding to expand it to North Sound.
- Effective January 1, the Medicaid funding for the New Journey's case rate will be included in the MCO contracts.
- The North Sound BH-ASO would receive funding to pay for two non-Medicaid slots and to provide start-up funding to any new teams that would be established in our region.

b. HOST [Homeless Outreach Stabilization Team]

- Also, effective January 1, the North Sound BH-ASO will received funding to establish a “Homeless Outreach Stabilization Team].
- The HOST program is based on the model of homeless outreach services used by the Downtown Emergency Services Center in Seattle.
- It uses a multi-disciplinary team to provide intensive outreach services to persons who are homeless and suffering from substance use or co-occurring substance use disorders and behavioral health conditions. Specifically, persons whose behavioral health condition creates barriers to their use of other community based behavioral health services.
- The funding for HOST can be braided with other funding that a behavioral health agency is using for homeless outreach services.

2. WORKFORCE DEVELOPMENT UPDATE

- The state “Behavioral Health Workforce Advisory Council” provided a preliminary report to the Senate Behavioral Health Subcommittee on November 16.
- Among the highest priority items recommended for action were:
 - Increase Medicaid reimbursement rates
 - Increase financial support/incentives for students and workers
 - Increase the ability of, and incentives for, community behavioral health agencies to supervise and train students and early career workers.

- The MCO/ASO Clinical Coordination Workforce Development Subcommittee will be reviewing these recommendations to identify specific areas where we as funders can assist.
- The North Sound BH-ASO has also set aside some of our COVID Federal Block Grant funds to support specific strategies.

3. RECOVERY NAVIGATOR PROGRAM

- The work to develop contracts for the RN program continues.
- We are working with the LEAD programs in Snohomish and Whatcom counties and will be issuing a RFQ to select agencies in Skagit, Island, and San Juan counties to provide the RNP services.

4. HRSA GRANT

- North Sound BH-ASO was awarded the Rural Communities Opioid Response Program – Implementation Grant, HRSA-21-088. The award amount is up to 1,000,000,00 for 3 years starting on 9/1/2021.
- The primary focus of the grant is on Opioid Use Disorder (OUD) with the inclusion of polysubstance users for youth and adults.
- For the purposes of this grant, we identified Island County and Concrete as underserved rural regions. The grant will fund positions in East Skagit County (IMPACT team, Recovery Specialist, MAT services) and Island County (Prevention Specialist and MAT services).

5. CRISIS SERVICES

- a) **Weekly Crisis Capacity Indicator Report** – through [attachment #2]. Calls to the Crisis Line and dispatches of mobile crisis outreach teams have increased over the last 3 weeks. The trend line for calls to the Crisis Line has continued to rise slowly throughout the year. There has been a slight decline in the number of ITA investigations, however. Probably a result of COVID and HB 1310.

6. CRISIS RESPONSE IMPROVEMENT STRATEGY COMMITTEE [CRIS]

- On November 16, the contracted consultant, Health Management Associates [HMA] presented its preliminary assessment of the state’s Behavioral Health Crisis Response and Suicide Prevention services. [Attachment #3]
- HMA’s report identified 9 key themes:
 - 1) The continuum of crisis services is not consistent across the state.
 - 2) Crisis services and utilization volume varies across the state. There appears to be a disproportionate reliance on the involuntary process and DCRs.
 - 3) With the implementation of integrated managed care, the accountability and monitoring of the delivery of crisis services changed and is no bifurcated.

- 4) Financing appears to be disproportionately balanced towards more restrictive care, and towards acute crisis services rather than prevention of crisis events.
 - 5) There are no systematic standard practices to support the person and family centered approach.
 - 6) Although there are a variety of collaborative efforts underway to create a system of care for crisis services, collaboration is fragmented.
 - 7) Workforce is severely challenged and impedes expansion of the continuum of crisis services.
 - 8) There is limited technology used across the continuum resulting in a lack of real-time data to support coordination and monitoring of client outcomes.
 - 9) There has been limited focus on outcomes but there are opportunities to develop and report on outcomes from the recent and future investments in crisis services.
- The 7 subcommittees called for in HB 1477 have been formed and members assigned [Attachment #4]. I will be one of two ASO representatives on the “Cross-System Crisis Response subcommittee.

7. FACILITY NEEDS ASSESSMENT

- Per the Board’s direction we are proposing to contract with Percival/Cummings to update the facility needs assessment they prepared for the North Sound region in 2017.
- They will be preparing a scope of work for us that will both update their initial 5-year projections as well as look at related areas such as outpatient capacity.

8. STATE AUDITOR’S REPORT

- We received one finding from the State Auditor’s review of expenditures during calendar year 2020. The state auditor determined that one of the block grant invoices we paid was for services prior to the performance period, i.e., June 2020. [Attachment #5]
- The amount charged was \$29,704.
- We have already submitted our corrective action plan to implement billing procedures that will bill the state by month of service. [Attachment #6]
- The formal exit conference with the Board will be scheduled for the January 13 Board of Directors meeting.

9. JANUARY 13, 2022, BOARD OF DIRECTOR’S MEETING

- We are planning to host a “hybrid” Board of Directors meeting on January 13 if conditions allow and if some Board members would be interested in participating in person.
- We already have the necessary equipment to allow some members to participate via teleconferencing while other members are physically present in the office’s largest conference room.

- We will be requesting that the COVID protocols we've established for staff and visitors be followed. More information will be provided if it appears that the January 13 date is a go.

New Journeys Coordinated Specialty Care (NJ CSC) Funding FAQ

Purpose

To provide guidance for funding New Journeys Coordinated Specialty Care (NJ CSC).

Background

Early intervention with evidence-based treatment decreases the duration of untreated psychosis (DUP), improving outcomes over a lifetime, resulting in reduced healthcare costs, and improved quality of life for individuals and their families. [New Journeys Coordinated Specialty Care \(NJ CSC\)](#) is a treatment curated to meet the needs of those experiencing a first episode of psychosis with treatment services of a higher intensity than those offered in regular outpatient settings. Treatment provides evidence-based health and recovery support interventions for youth and young adults when first diagnosed with psychosis.

NJ CSC services are delivered by multi-disciplinary mental health professionals who work as a team and provide the treatment, rehabilitation, and support services for individuals to achieve their own goals. The service array is provided on an outpatient basis with options for home and community settings, based on the individual's own needs and what they identify as helping them achieve a more meaningful life. Service components include; individual and/or group psychotherapy, supported employment and education, family psychoeducation and support, psychiatry, and peer support.

Definitions

- **First Episode Psychosis (FEP)**: Refers to **when a person first shows signs of perceptual changes and loss of contact with reality, typically within one week to two years of the onset of changes**. The longer symptoms of psychosis go untreated, the more severe and chronic symptoms become, resulting in decreased functioning and other negative outcomes over the course of their lifetime. The goal of addressing FEP within the first two years of onset is to decrease the duration of untreated psychosis to improve outcomes throughout an individual's lifetime.
- **NJ CSC Team**- a full fidelity NJ CSC team serves up to 30 individuals, engages in ongoing NJ training with University of Washington (UW) and Washington State University (WSU), and has submitted a New Journeys Attestation which has been approved by the Health Care Authority.
- **NJ CSC Fidelity Monitoring**- Completed annually in collaboration UW. UW will recruit and train secondary co-reviewers from the NJ CSC teams, aiming for at least one trained co-reviewer per team. Fidelity monitoring will evaluate program adherence to the model, areas of success, and identify areas for additional support and training. May include methods such as, but not limited to, contact with team members, chart review, and review of sessions.
- **NJ CSC Evaluation**- WSU's evaluation data is collected monthly related to implementation and outcomes of NJ CSC.

- **Startup funds** – Funding for NJ CSC is provided by HCA directly to the NJ team before the team provides any services. This may include capital and training expenditure funds.
- **Supplemental Case Building Funds** – Per the fidelity model, new NJ teams are required to “ramp up” their caseloads incrementally over time, as required by legislation and guidelines. A full team takes between 15 and 24 months to reach full capacity. “Case building funds” are loaded into the provider or BH-ASO contracts with DBHR. This funding is intended to supplement the NJ teams during the period teams are working toward a full caseload.
- **Team Based Rate (TBR)** – The actuaries have set a Medicaid case rate payment that is stratified into two Tiers. The tiers reflect a higher level of service intensity during the first six months of treatment. The case rate payment will be paid to the Managed Care Organizations as a Per User Per Month (PUPM). The fiscal assumptions supporting the PUPM amount fully support the costs of the NJ teams to provide this service to Medicaid enrollees.

Funding

Team Based Rate Payments (based upon 24 calendar months of intervention):

- Tier 1: Engagement and Outreach (T2022 HT) – 6 calendar months total (Intake through month 6)
- Tier 2: Recovery and Resiliency (T2023 HT) – 18 calendar months total (7th - 24th month of treatment)

An individual can be served for 6-months at the first tier and 18-months at the second tier.

- The case rate will be in addition to the monthly capitation payment and will cover expenditures for the New Journeys program on an at-risk basis.
- The 24-month eligibility period is expected to begin with the first New Journeys service delivery or formal intake. Individuals may have a gap in treatment that results in the member’s 24-month eligibility period to pause and resume in a future month when New Journeys service utilization resumes.
- Case rate payments will be made by HCA. MCOs will contract with the approved New Journeys provider in the region.


Current State

There are eleven NJ CSC teams in nine regions of Washington supported through a combination of funding streams, which include the MHBG 10% set aside. Nine of the eleven sites are operational, two teams are in the process of implementation. Four additional teams are projected to be developed in the next six months. The vision is to have an adequate number of NJ CSC teams, based on incidence and population, across Washington by December 31, 2023.

Issue

A TBR was developed to assure the availability and sustainability of CSC throughout Washington. When developing a NJ CSC team, it is essential to make connections throughout the identified geographical area being served to assist in education and identification of early psychosis in the region. When facilitating a successful referral system, a “no wrong door” approach is best. The goal is to change the trajectory and prognosis of schizophrenia through coordinated and systematic treatment in the earliest stages of the illness.

NJ CSC hopes to address the challenge of (dis)engagement of older youth and young adults in mental health systems. Data indicates forty-six percent of those who met criteria for serious mental illness (SMI) had received no treatment. NJ CSC exceeds regular outpatient services with assertive efforts and accommodating the individual’s



choice to receive services in the home, community, or office. Teams spend extensive time engaging with those experiencing symptoms and their families to build trust and minimize barriers to engagement. This requires teams to limit service provision increases by a maximum of three people a month per team.

There are additional staff assumptions that result in lower level of direct service provision compared to regular outpatient services. These considerations are reflected in the TBR:

- Concurrent delivery of services
- Peer fidelity reviews of the NJ CSC model
- First Episode specific training and consultation
- Increased supervision needs
- Care coordination and consultation
- Time spent traveling to community-based appointments

Intended Result

Implementation of a TBR for NJ CSC to make screening and early identification of psychosis, among youth and young adults, a universal health care practice, and providing access to evidence-based recovery interventions to those who need them.

The implementation of the TBR will require contractual relationships to be reconfigured. NJ teams will contract directly with their regions MCOs for reimbursement of Medicaid enrollees through the TBR beginning in January 2022. All expenditures for Medicaid enrollees are included in the PMPM and TBR. The dollars need to follow the model to fund additional staff assumptions that result in the clinical team providing a higher level of treatment intensity, care coordination, and maintaining a lower caseload compared to regular outpatient services. NJ teams must bill all payers for reimbursement (Medicaid and non-Medicaid payers) prior to invoicing HCA or BH-ASO contract. Costs associated with startup and supplemental case building costs can be used to supplement program costs for the first two years (existing NJ CSC teams are encouraged to apply to DBHR for supplemental support, unique to individual site needs, during the first six months of TBR implementation).

Objective

To keep NJ CSC teams operational during the case building period, funds are provided to ensure fidelity to the model and support of early intervention. The chart below clarifies where, when, and how funds are provided to support the NJ CSC teams.

Per site	Start-up Funds	Case Building Funds	Medicaid Funds	GFS Funds
Total amount	\$80,000	\$520,000	TBR Tier 1- Engagement Tier 2- Recovery/Resiliency	2 slots for non-Medicaid per team
Source of funds	HCA Direct Funding for new teams	HCA Direct Funding for new teams	MCO Contracts IMC	BH-ASO
Type of funds	MHBG or State Funds	MHBG or State Funds	Medicaid PMPM and TBR	GFS
Location of funds	HCA directly with provider or BH-ASO	HCA directly with provider or BH-ASO	IMC Contract	BH-ASO Contracts
Funding uses	Costs associated with launching the program until case carrying	Costs associated with increased time in staff training and program development during the time that the site reaches a full case load during the 24-month case building period	All expenditures related to services provided for the Medicaid enrollees (uses all in framework)	Expenditures related to uninsured and underinsured for NJ individuals within available resources.

Expectations

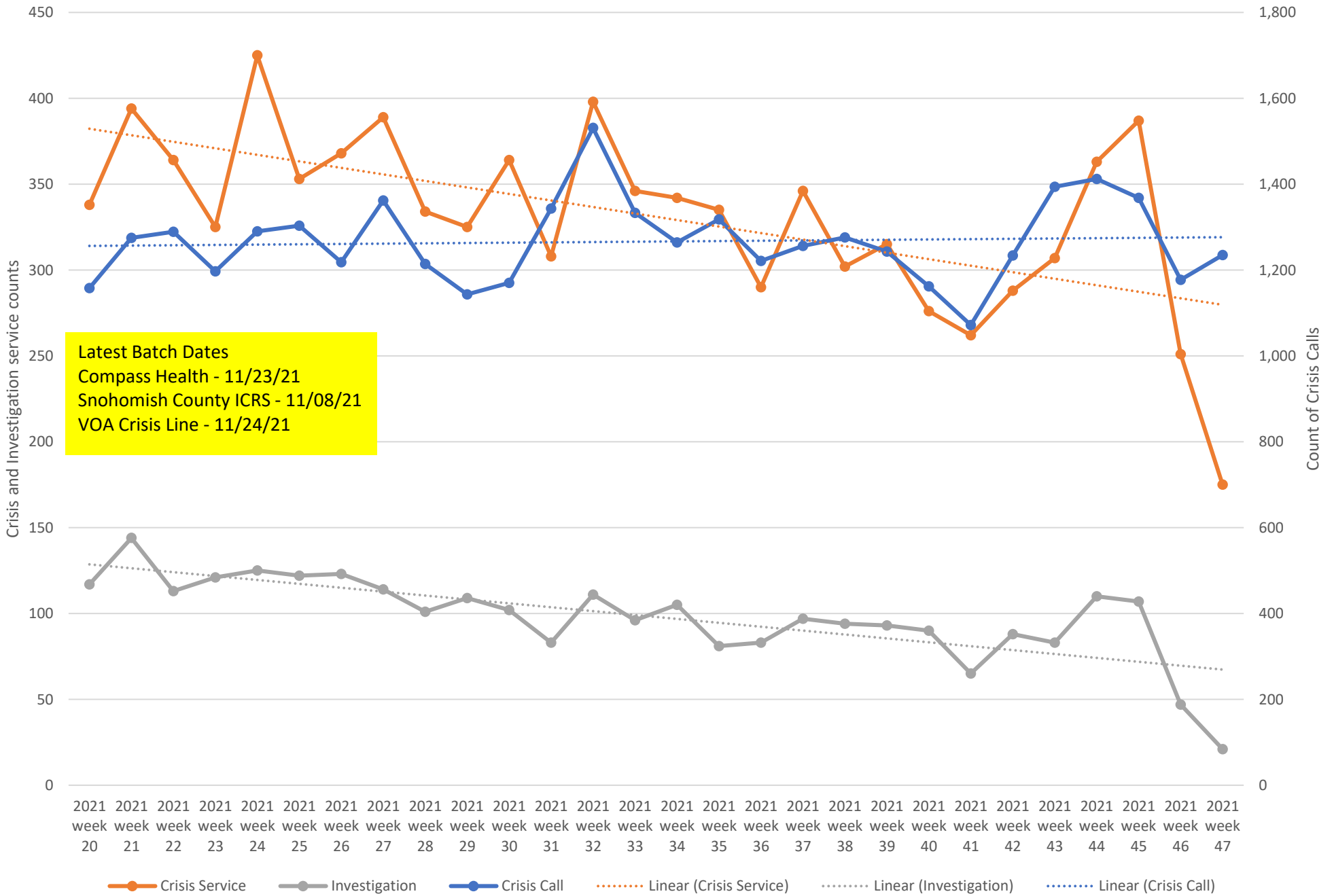
- NJ CSC will be included in Integrated Managed Care (IMC) and Wraparound Contracts with the MCOs.
- MCOs will contract with the HCA approved providers for NJ CSC TBR beginning in January 2022.
- Existing contracts with providers and BH-ASOs that expire June 30, 2022, provide a six-month grace period for the transition to TBR.
- Each New Journeys team must be recognized by HCA/DBHR as a New Journeys Coordinated Specialty Care team, has an approved, current HCA/DBHR attestation and actively participate in the New Journeys Fidelity Review requirements. Criteria for entry to this program are specified in the HCA/DBHR New Journeys manual.
- Each MCO will provide HCA a roster of current NJ participants, including the treatment month, until electronic implementation of SERI Codes can be completed.



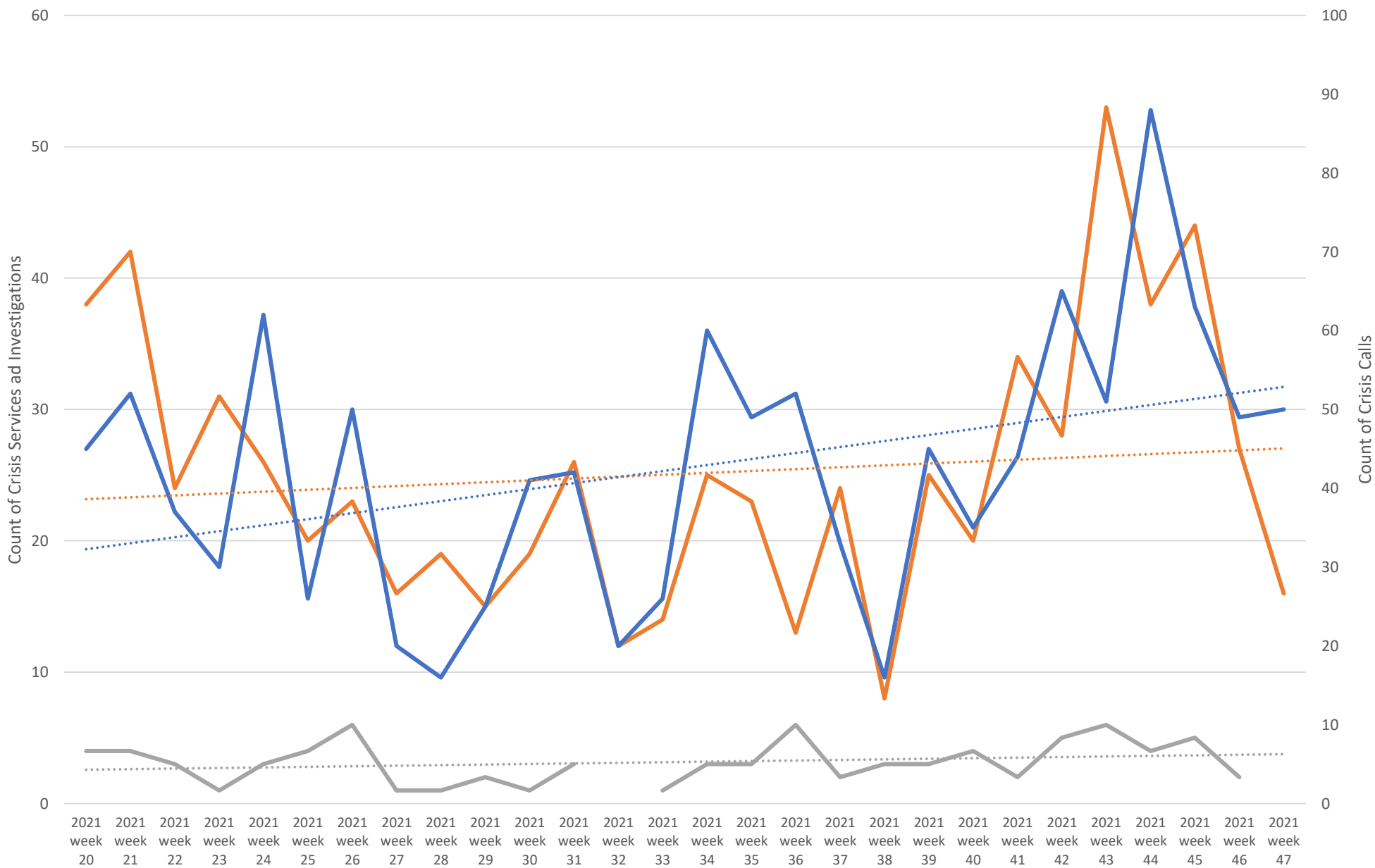
Weekly Crisis Capacity Indicator Snapshot

Page 2	Crisis Data - dates 05/09/21 to 11/20/21
Page 3	Crisis Data: Ages 0-17 - dates 05/09/21 to 11/20/21
Page 4	All DCR Dispatches - dates 05/09/21 to 11/20/21
Page 5	Weekly Staff Count - Staff providing Crisis or Investigation services 05/09/21 to 11/20/21
Page 6	Hospital placement locations (Invol and Vol) - No adjustment has been made for timely data - recent weeks likely low
Page 7	Telehealth only, crisis and investigation services from 05/09/21 to 11/20/21
Page 8	Crisis Service Unit Percent - Crisis Service units divided by Crisis units + Investigation units
Page 9	Washington State Indicators of Anxiety or Depression Based on Reported Frequency of Symptoms During Last 7 Days
Page 10	Place of Service -Crisis Services, percent of total by week
Page 11	Place of Service -Investigations, percent of total by week
Page 12	New COVID-19 Cases Reported Weekly per 100,000 population - 11/03/20 to 11/24/21
Page 13	Total Hospitalized Adults - COVID-19 (confirmed or suspected) 7 day average
Page 14	HB 1310 Data collected with LE Declines 05/09/21 to 11/20/21
Page 15	HB 1310 Data collected with LE Response or Other 05/09/21 to 11/20/21

Crisis Data - dates 05/09/21 to 11/20/21

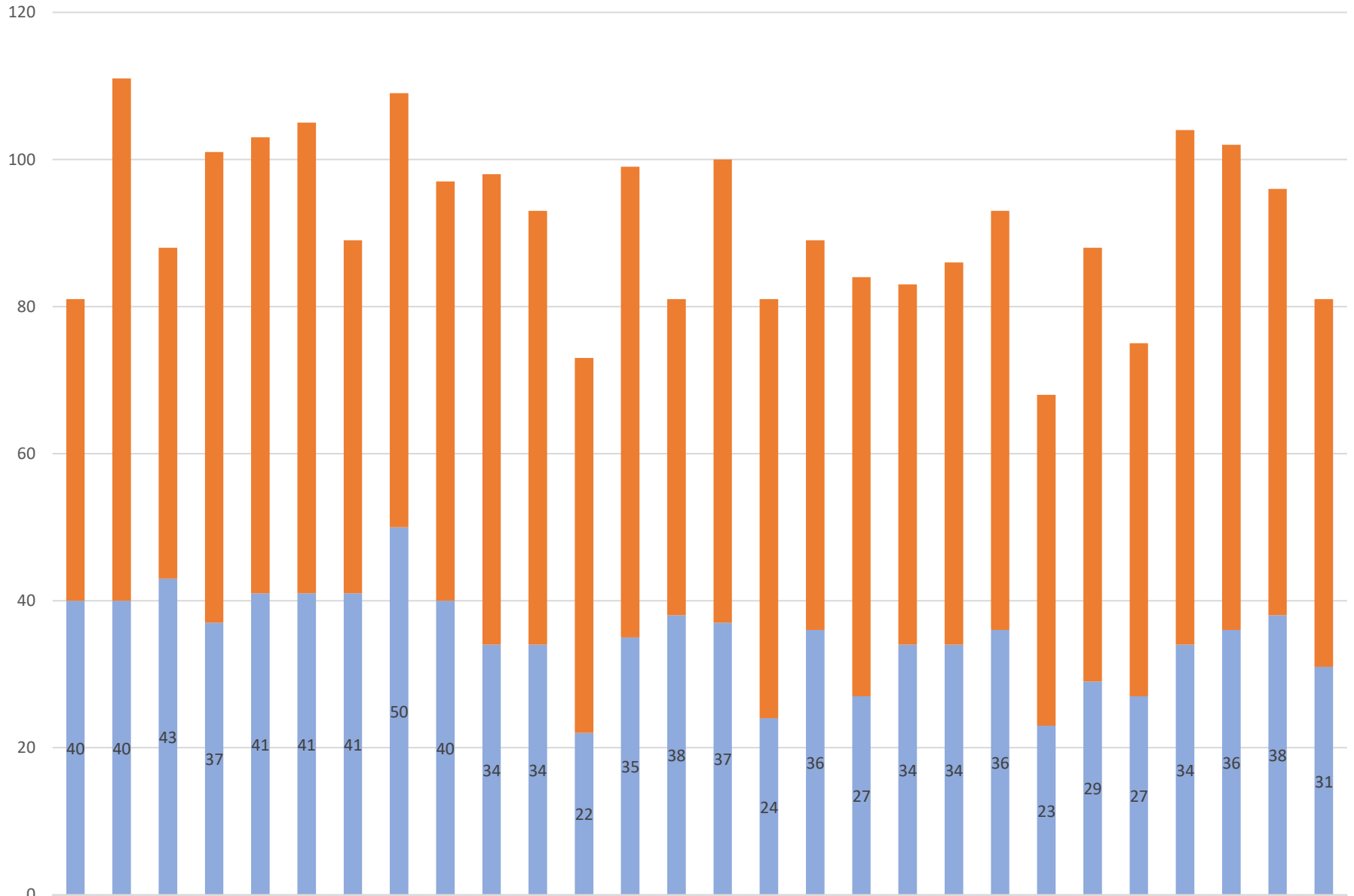


Crisis Data: Ages 0-17 - dates 05/09/21 to 11/20/21



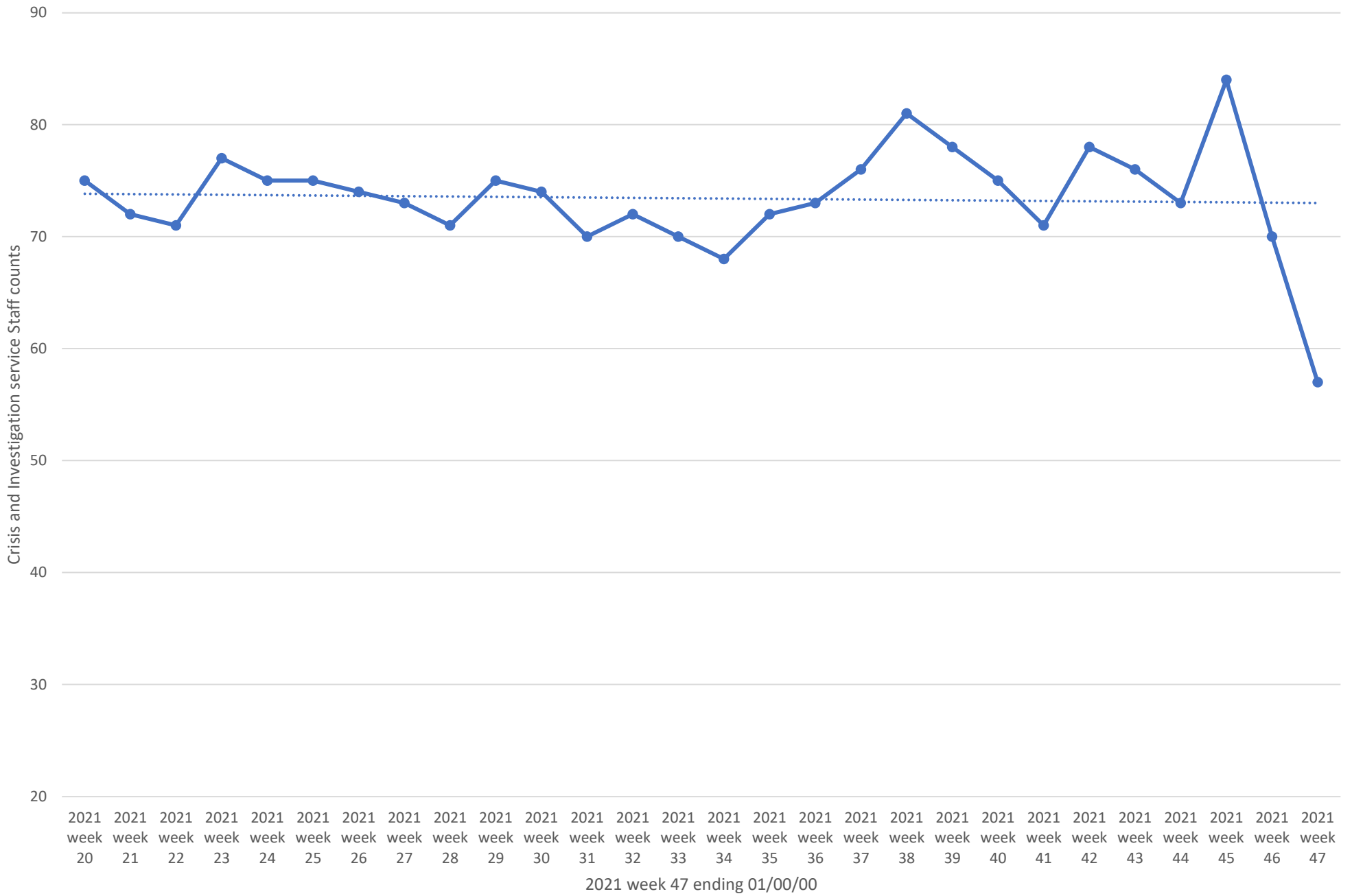
— Crisis Service
 — Investigation
 — Crisis Call
 ⋯ Linear (Crisis Service)
 ⋯ Linear (Investigation)
 ⋯ Linear (Crisis Call)

All DCR Dispatches - dates 05/09/21 to 11/20/21

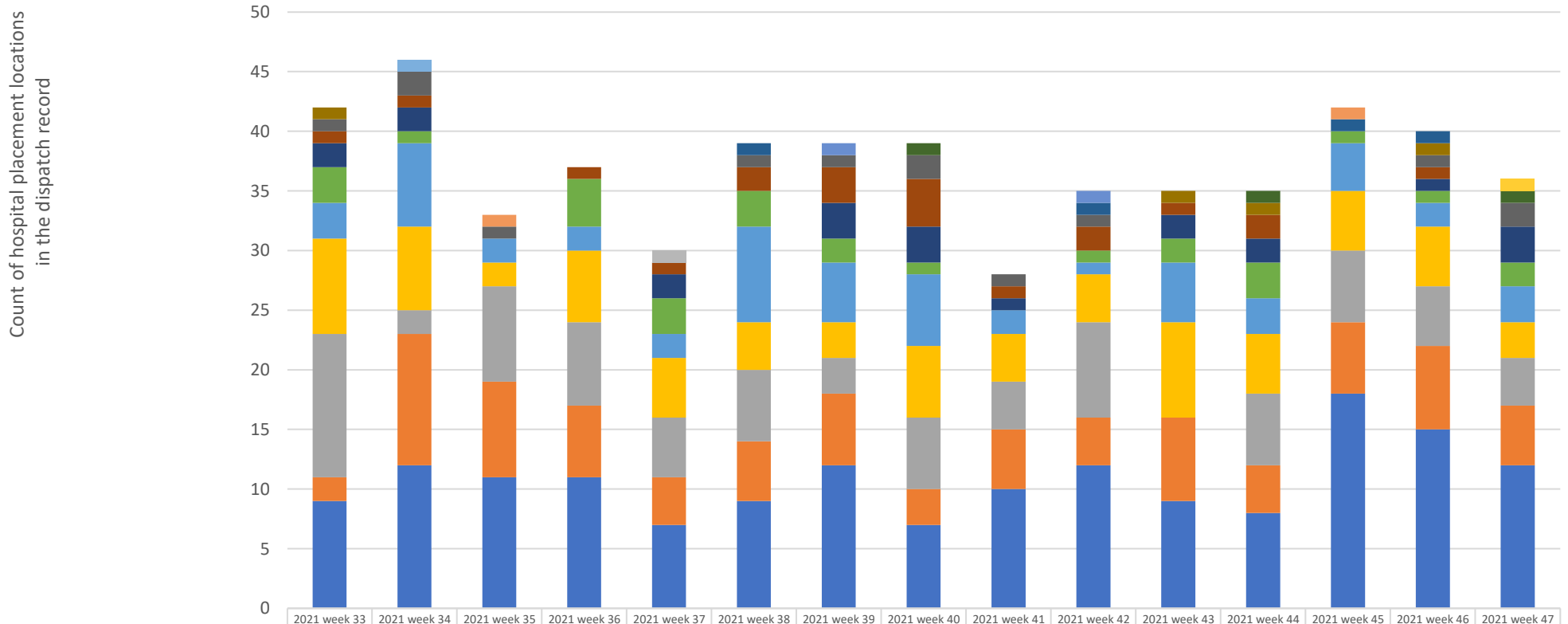


■ dispatch resulting in other outcome	41	71	45	64	62	64	48	59	57	64	59	51	64	43	63	57	53	57	49	52	57	45	59	48	70	66	58	50
■ dispatch resulting in detention	40	40	43	37	41	41	41	50	40	34	34	22	35	38	37	24	36	27	34	34	36	23	29	27	34	36	38	31

Weekly Staff Count - Staff providing Crisis or Investigation services 05/09/21 to 11/20/21

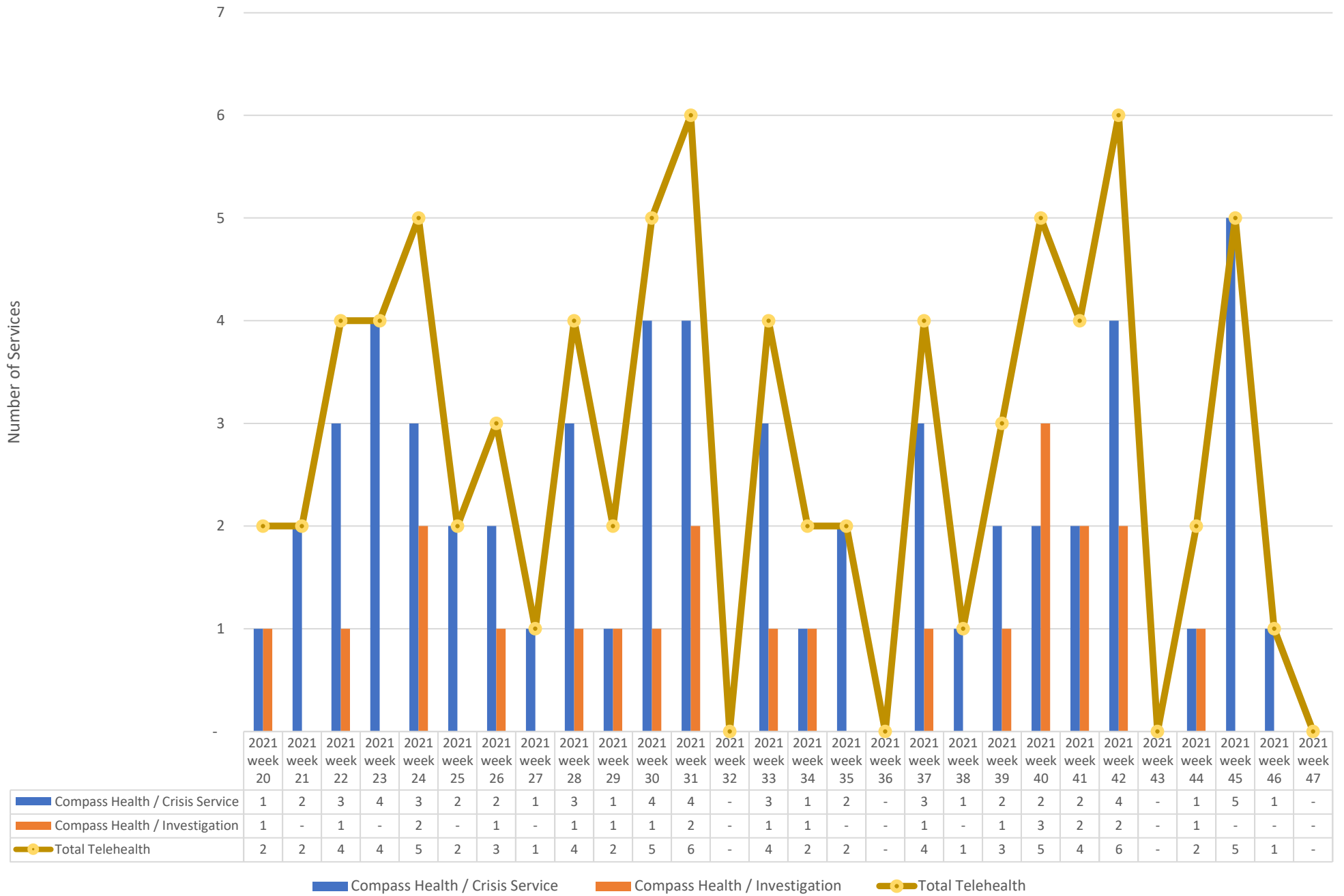


Hospital placement locations (Invol and Vol) - No adjustment has been made for timely data - recent weeks likely low

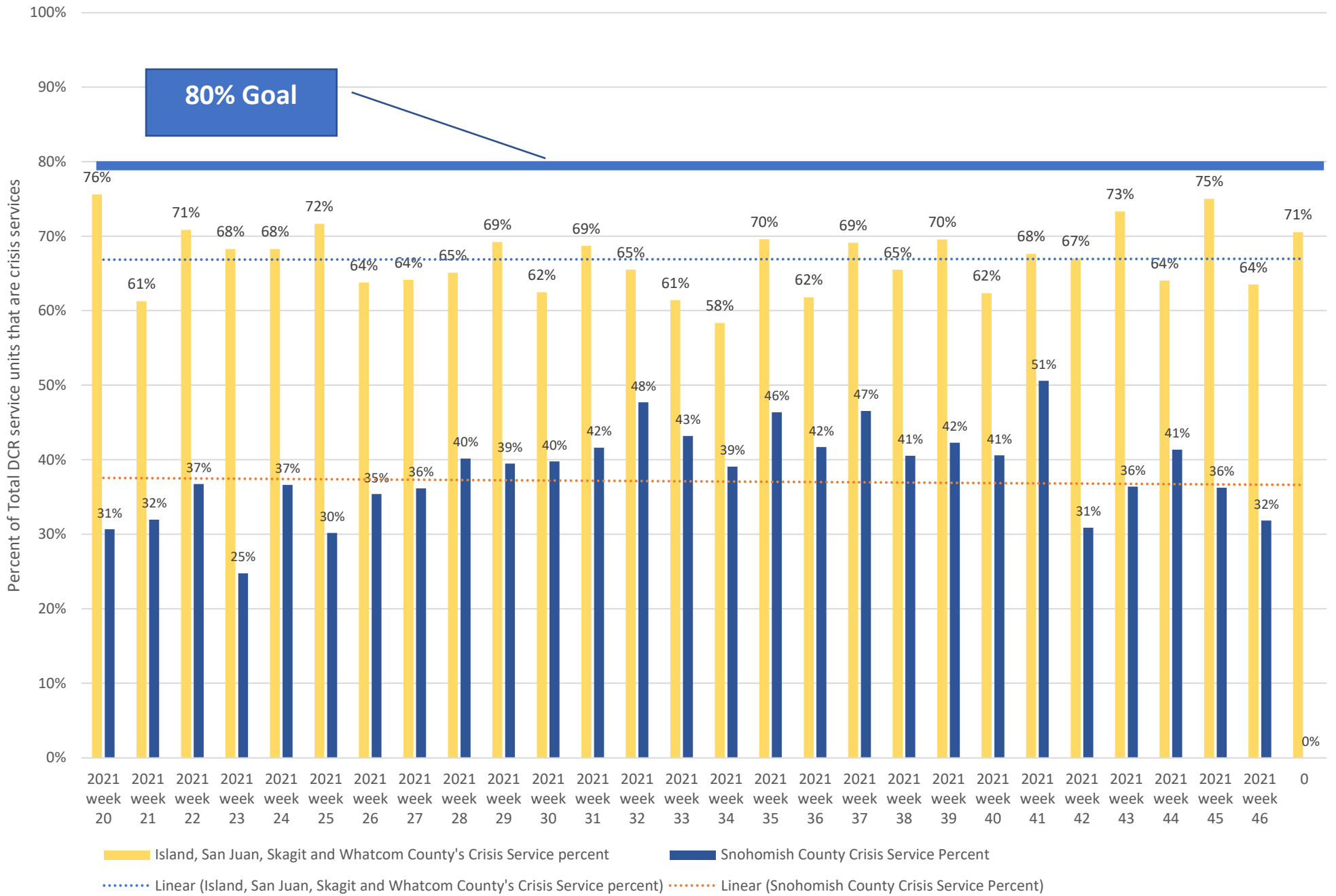


	2021 week 33	2021 week 34	2021 week 35	2021 week 36	2021 week 37	2021 week 38	2021 week 39	2021 week 40	2021 week 41	2021 week 42	2021 week 43	2021 week 44	2021 week 45	2021 week 46	2021 week 47
Pierce EandT TELECARE		1													
Metro Dev Council															1
Swedish Mill Creek					1										
Cascade Behavioral Hospital LLC			1										1		
American Behavioral Health Systems SSI							1			1					
SWEDISH MEDICAL CENTER CHERRY HILL								1				1			1
VALLEY GENERAL HOSPITAL						1				1			1	1	
Valley Cities Counseling And Consultation	1										1	1		1	
ABHS Chehalis	1	2	1			1	1	2	1	1				1	2
Mukilteo	1	1		1	1	2	3	4	1	2	1	2		1	
BHC Fairfax Hospital INC	2	2			2	3	3	3	1		2	2		1	3
Telecare North Sound Evaluation and Treatment	3	1		4	3	3	2	1		1	2	3	1	1	2
SMOKEY POINT BEHAVIORAL HOSPITAL	3	7	2	2	2	8	5	6	2	1	5	3	4	2	3
Skagit Valley Hospital	8	7	2	6	5	4	3	6	4	4	8	5	5	5	3
Peacehealth Bellingham	12	2	8	7	5	6	3	6	4	8		6	6	5	4
SWEDISH EDMONDS	2	11	8	6	4	5	6	3	5	4	7	4	6	7	5
Providence Everett	9	12	11	11	7	9	12	7	10	12	9	8	18	15	12

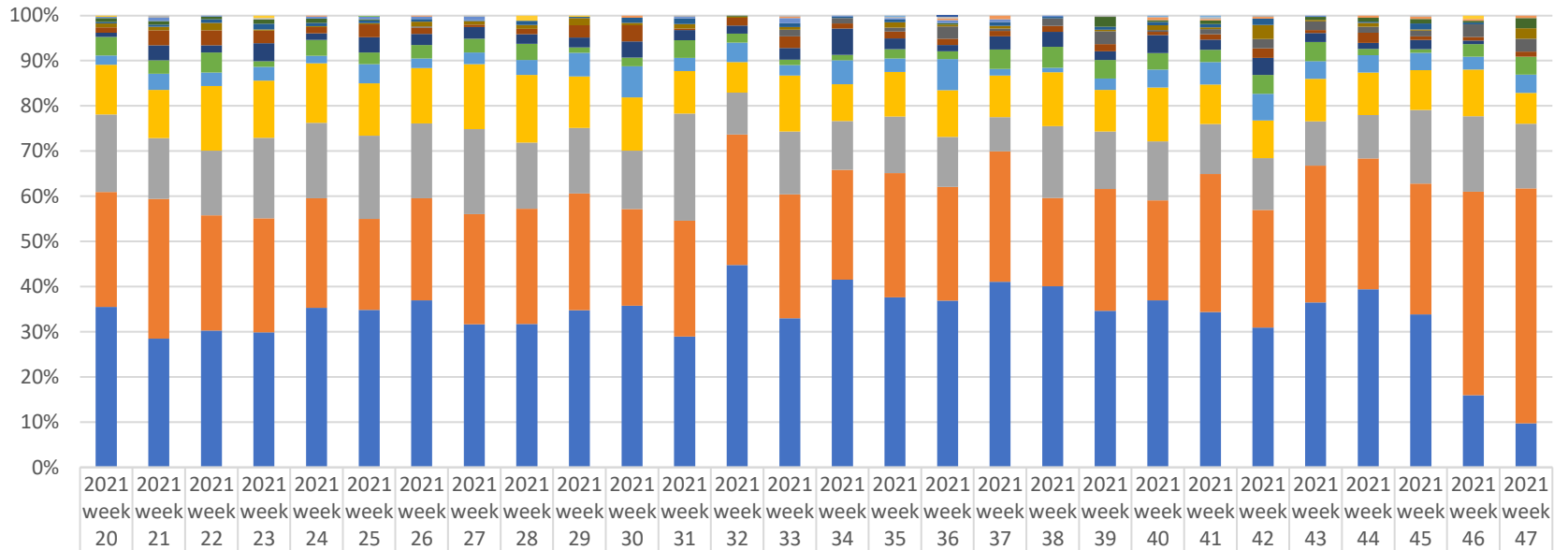
Telehealth only, crisis and investigation services from 05/09/21 to 11/20/21



Crisis Service Unit Percent - Crisis Service units divided by Crisis units + Investigation units

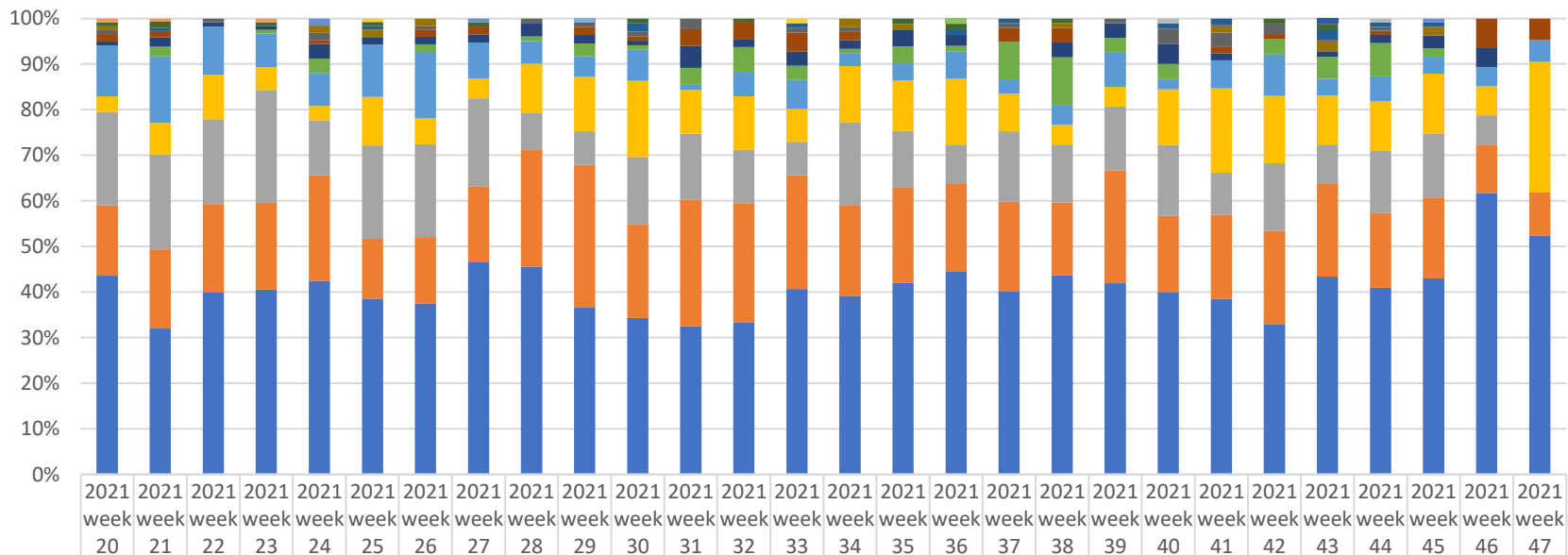


Place of Service -Crisis Services, percent of total by week



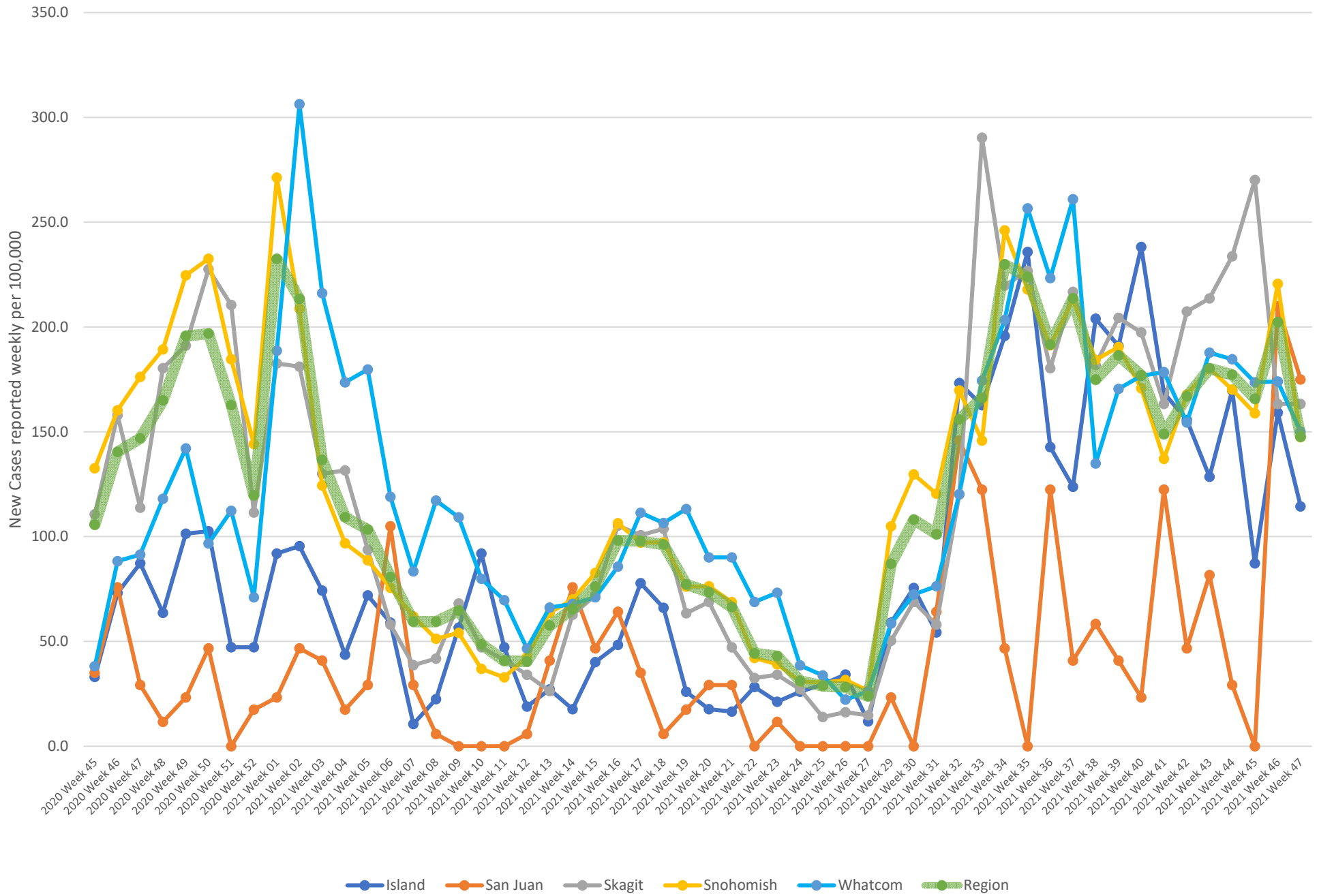
	2021 week 20	2021 week 21	2021 week 22	2021 week 23	2021 week 24	2021 week 25	2021 week 26	2021 week 27	2021 week 28	2021 week 29	2021 week 30	2021 week 31	2021 week 32	2021 week 33	2021 week 34	2021 week 35	2021 week 36	2021 week 37	2021 week 38	2021 week 39	2021 week 40	2021 week 41	2021 week 42	2021 week 43	2021 week 44	2021 week 45	2021 week 46	2021 week 47	
Psych. Fac.-Partial Hosp																													
Custodial Care Facility						1																							
Skilled Nursing Facility																1					1	1							
Nursing Facility	1			2					4	1																		2	
Community Mental Health Center		2		1				1				1		1		1	1			1		1	1			1			
Psych. Residential					1		1				2			1			1	3			2	1	1			2	2	1	1
Group Home	1	3	1		2	2	2	3				1		4	1	1	2	2	1						1				
School	3	3	2	3	4	1							1				1			7	1	2		2	3	4	1	4	
Telehealth	1	2	3	4	3	2	2	1	3	1	4	4		3	1	2		3	1	2	2	2	4		1	5	1		
Homeless Shelter	3	3	6	1	1	1	4	3	3	5	2	3	1	2		4	1	2		1	3	1	9	1	3	1		4	
On Campus Outpatient Hospital							1							5	4	3	8	2	5	9	1	3	6	6	5	5	7	5	
Inpatient Hospital	4	13	12	9	6	10	5	2	4	9	13	1	7	9	4	5	4	4	4	5	2	3	6	2	8	3	2	2	
Inpatient Psychiatric Facility	3	13	6	13	6	12	9	10	7	7	13	7	7	9	20	8	4	10	10	6	11	6	11	6	5	8	2		
Assisted Living Facility	14	12	16	4	15	9	11	12	12	4	7	12	8	4	4	7	5	15	14	13	10	7	12	13	5	3	7	7	
Prison Correctional Facility	7	14	11	10	7	15	8	10	11	17	25	9	17	8	18	10	20	5	3	8	11	13	17	12	14	15	7	7	
Emergency Room Hospital	37	42	52	41	56	41	45	56	50	37	43	29	27	43	28	33	30	32	36	29	33	23	24	29	34	34	26	12	
Home	58	53	52	58	71	65	61	73	49	47	47	73	37	48	37	42	32	26	48	40	36	29	33	30	35	63	42	25	
Other Place of Service	86	122	93	82	103	71	83	95	85	84	78	79	115	95	83	92	73	100	59	85	61	80	75	93	105	112	113	91	
Office	120	112	110	97	150	123	136	123	106	113	130	89	178	114	142	126	107	142	121	109	102	90	89	112	143	131	40	17	

Place of Service -Investigations, percent of total by week

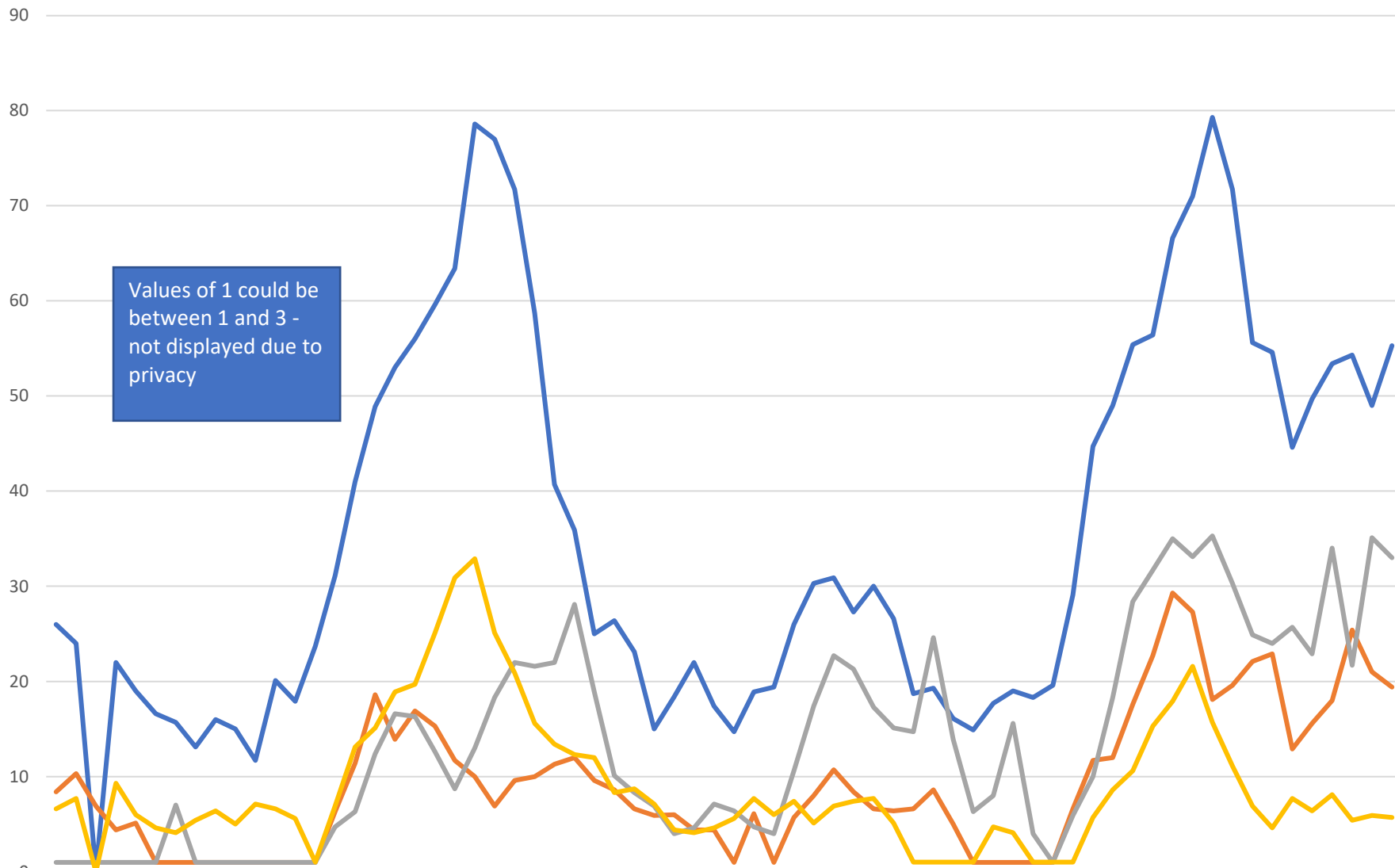


	2021 week 20	2021 week 21	2021 week 22	2021 week 23	2021 week 24	2021 week 25	2021 week 26	2021 week 27	2021 week 28	2021 week 29	2021 week 30	2021 week 31	2021 week 32	2021 week 33	2021 week 34	2021 week 35	2021 week 36	2021 week 37	2021 week 38	2021 week 39	2021 week 40	2021 week 41	2021 week 42	2021 week 43	2021 week 44	2021 week 45	2021 week 46	2021 week 47	
School																													
Psych. Fac.-Partial Hosp																	1								1				
Skilled Nursing Facility										1																			
Custodial Care Facility						1								1															
On Campus Outpatient Hospital																					1				1				
Nursing Facility	1	1		1																		1				1			
Homeless Shelter					2			1																			1		
Community Mental Health Center	1	2		1		1		1			1		1			1	1		1				1	1					
Psych. Residential		1				1					2			1				1	1			1	1		2	1	1		
Group Home	1			2	2	2									2	1			1			1		2		2		2	
Telehealth	1		1	2		1		1	1	1	1	2		1	1			1		1	3	2	2		1				
Assisted Living Facility	2	2		1		2	2		2	1	3	4	4	2				3	3			1	1		1		3	1	
Home	1	3	1	1	4	2	2	2	3	2	1	4	2	3	2	3	2		3	3	4	1		1	2	3	2		
Office		3		1	4		2		1	3	1	3	6	3	1	3	1	8	10	3	3		3	4	8	2			
Inpatient Hospital	13	21	12	9	9	14	18	9	5	5	7	1	6	6	3	3	5	3	4	7	2	4	8	3	6	4	2	1	
Prison Correctional Facility	4	10	11	6	4	13	7	5	11	13	17	8	13	7	13	9	12	8	4	4	11	12	13	9	12	14	3	6	
Inpatient Psychiatric Facility	24	30	21	30	15	25	25	22	8	8	15	12	13	7	19	10	7	15	12	13	14	6	13	7	15	15	3		
Other Place of Service	18	25	22	23	29	16	18	19	26	34	21	23	29	24	21	17	16	19	15	23	15	12	18	17	18	19	5	2	
Emergency Room Hospital	51	46	45	49	53	47	46	53	46	40	35	27	37	39	41	34	37	39	41	39	36	25	29	36	45	46	29	11	

New COVID-19 Cases Reported Weekly per 100,000 population - 11/03/20 to 11/24/21



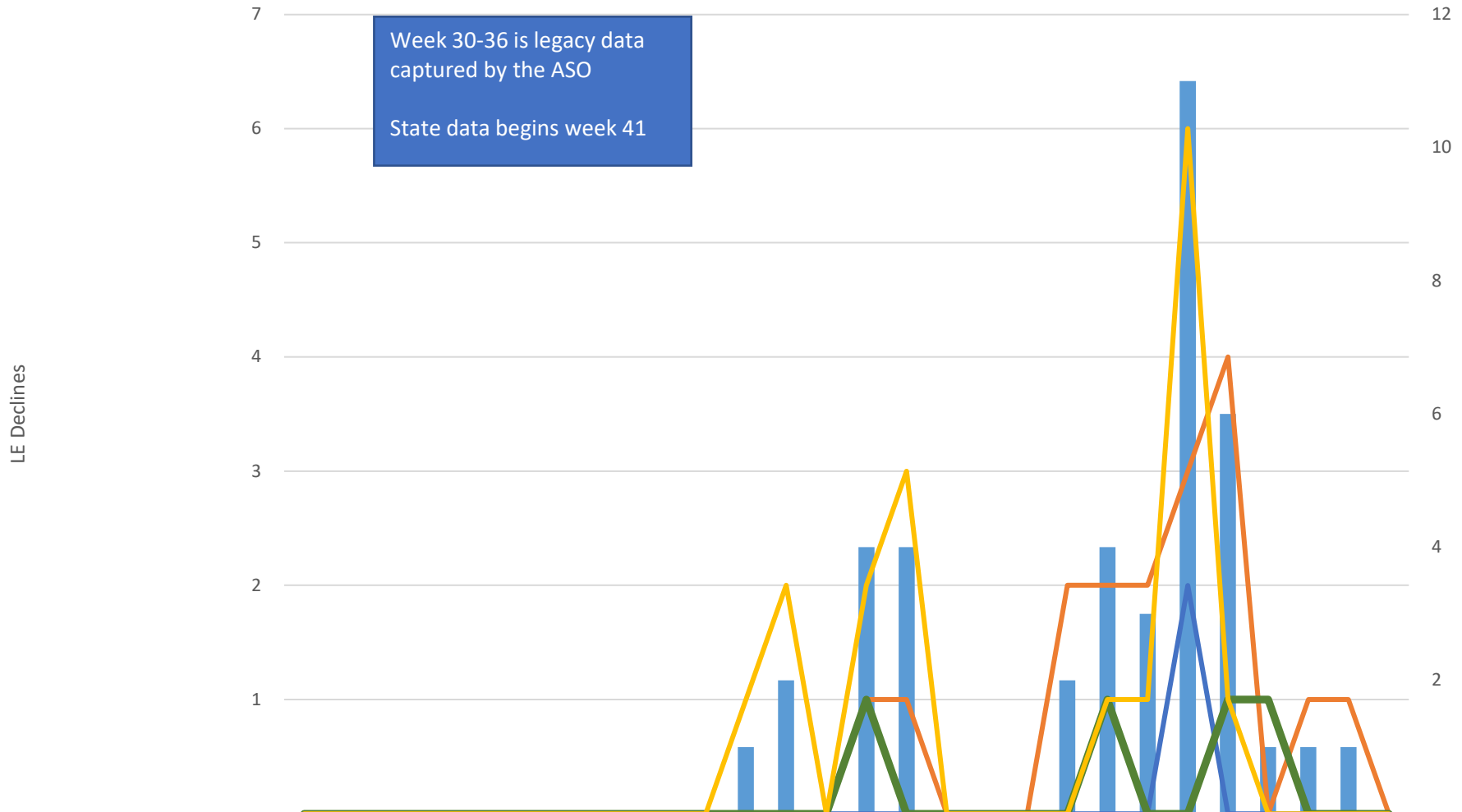
Total Hospitalized Adults - COVID-19 (confirmed or suspected) 7 day average



Values of 1 could be between 1 and 3 - not displayed due to privacy

	7/31/2020	8/7/2020	8/14/2020	8/21/2020	8/28/2020	9/4/2020	9/11/2020	9/18/2020	9/25/2020	10/2/2020	10/9/2020	10/16/2020	10/23/2020	10/30/2020	11/6/2020	11/13/2020	11/20/2020	11/27/2020	12/4/2020	12/11/2020	12/18/2020	12/25/2020	1/1/2021	1/8/2021	1/15/2021	1/22/2021	1/29/2021	2/5/2021	2/12/2021	2/19/2021	2/26/2021	3/5/2021	3/12/2021	3/19/2021	3/26/2021	4/2/2021	4/9/2021	4/16/2021	4/23/2021	4/30/2021	5/7/2021	5/14/2021	5/21/2021	5/28/2021	6/4/2021	6/11/2021	6/18/2021	6/25/2021	7/2/2021	7/9/2021	7/16/2021	7/23/2021	7/30/2021	8/6/2021	8/13/2021	8/20/2021	8/27/2021	9/3/2021	9/10/2021	9/17/2021	9/24/2021	10/1/2021	10/8/2021	10/15/2021	10/22/2021	10/29/2021	11/5/2021	11/12/2021
Prov. Everett	26	24	0	22	19	17	16	13	16	15	12	20	18	24	31	41	49	53	56	60	63	79	77	72	59	41	36	25	26	23	15	18	22	17	15	19	19	26	30	31	27	30	27	19	19	16	15	18	19	18	20	29	45	49	55	56	67	71	79	72	56	55	45	50	53	54	49	55
SVH	8	10	7	4	5	1	1	1	1	1	1	1	1	1	6	11	19	14	17	15	12	10	7	10	10	11	12	10	9	7	6	6	4	4	1	6	1	6	8	11	8	7	6	7	9	5	1	1	1	1	7	12	12	18	23	29	27	18	20	22	23	13	16	18	25	21	19	
ST Joe	1	1	1	1	1	1	7	1	1	1	1	1	1	1	5	6	12	17	16	13	9	13	18	22	22	22	28	19	10	8	7	4	5	7	6	5	4	11	17	23	21	17	15	15	25	14	6	8	16	4	1	6	10	18	28	32	35	33	35	30	25	24	26	23	34	22	35	33
Swedish Edmonds	7	8	0	9	6	5	4	5	6	5	7	6	1	7	13	15	19	20	25	31	33	25	21	16	13	12	12	8	9	7	4	4	5	6	8	6	7	5	7	7	8	5	1	1	1	1	1	5	4	1	1	1	6	9	11	15	18	22	16	11	7	5	8	6	8	5	6	6

HB 1310 Data collected with LE Declines 05/09/21 to 11/20/21

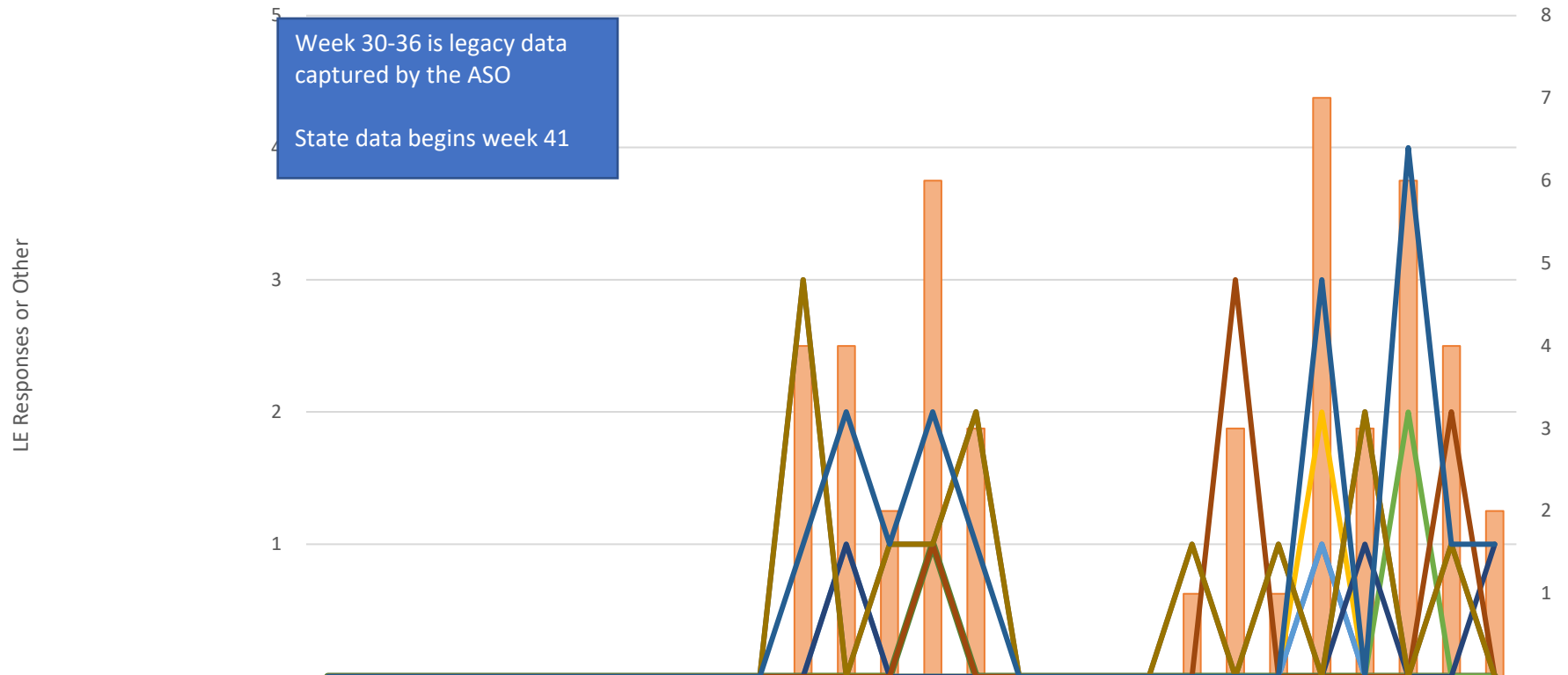


Week 30-36 is legacy data captured by the ASO

State data begins week 41

	2021 week 20	2021 week 21	2021 week 22	2021 week 23	2021 week 24	2021 week 25	2021 week 26	2021 week 27	2021 week 28	2021 week 29	2021 week 30	2021 week 31	2021 week 32	2021 week 33	2021 week 34	2021 week 35	2021 week 36	2021 week 37	2021 week 38	2021 week 39	2021 week 40	2021 week 41	2021 week 42	2021 week 43	2021 week 44	2021 week 45	2021 week 46	2021 week 47
Grand Total	-	-	-	-	-	-	-	-	-	-	-	1	2	-	4	4	-	-	-	2	4	3	11	6	1	1	1	-
Marysville Police Department	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-
Everett Police Department	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	2	2	2	3	4	-	1	1	-
Lynnwood Police Department	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	1	1	-	-	-	-
Snohomish County Sheriff's Office	-	-	-	-	-	-	-	-	-	-	-	1	2	-	2	3	-	-	-	-	1	1	6	1	-	-	-	-

HB 1310 Data collected with LE Response or Other 05/09/21 to 11/20/21



Week 30-36 is legacy data captured by the ASO
State data begins week 41

	2021 week 20	2021 week 21	2021 week 22	2021 week 23	2021 week 24	2021 week 25	2021 week 26	2021 week 27	2021 week 28	2021 week 29	2021 week 30	2021 week 31	2021 week 32	2021 week 33	2021 week 34	2021 week 35	2021 week 36	2021 week 37	2021 week 38	2021 week 39	2021 week 40	2021 week 41	2021 week 42	2021 week 43	2021 week 44	2021 week 45	2021 week 46	2021 week 47	
Edmonds Police Department	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	
Arlington Police Department	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
WSP	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lake Stevens Police Department	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-
Lynnwood Police Department	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
Mukilteo Police Department	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-
Mill Creek Police Department	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-
Marysville Police Department	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	3	-	-	-	-	2	-
Everett Police Department	-	-	-	-	-	-	-	-	-	-	-	3	-	1	1	2	-	-	-	-	-	1	-	1	-	2	-	1	-
Everett Police Department	-	-	-	-	-	-	-	-	-	-	-	3	-	1	1	2	-	-	-	-	-	1	-	1	-	2	-	1	-
Snohomish County Sheriff's Office	-	-	-	-	-	-	-	-	-	-	-	1	2	1	2	1	-	-	-	-	-	-	-	3	-	4	1	1	-
Grand Total	-	-	-	-	-	-	-	-	-	-	-	4	4	2	6	3	-	-	-	-	1	3	1	7	3	6	4	2	-

Comprehensive Assessment of the Behavioral Health Crisis Response and Suicide Prevention Services in Washington

Key Themes for Discussion with the CRIS Committee
November 16, 2021

HEALTH
MANAGEMENT
ASSOCIATES

HARBORVIEW
MEDICAL CENTER

UW Medicine  King County

1. **Background and Context on Crisis Services**
2. **Work Completed by Consultants Team in the Discovery Process**
3. **Review Comprehensive Assessment 9 Key Themes**

**BACKGROUND AND
CONTEXT ON
CRISIS SERVICES**

KEY TERMS USED IN THIS PRESENTATION

Crisis Call Center and Hub	Mobile Crisis Teams	Crisis Urgent Care Walk-in	Crisis Stabilization Units (CSUs)	Designated Crisis Responders (DCR)	Crisis Respite	Involuntary Treatment Act Investigation
<ul style="list-style-type: none"> • 24/7 regional hub/call center • Provides crisis intervention and coordination in real time • Clinically staffed • Meets NSPL standards for risk assessment and engagement 	<ul style="list-style-type: none"> • Timely, community-based interventions • Goal is to help resolve crisis stabilize in the community • Coordinate with police, crisis lines, ER's • Assessment & triage for inpatient or outpatient services 	<ul style="list-style-type: none"> • Clinics or urgent care centers that offer immediate assessment and support • Focus on resolving the crisis in less-intensive setting than a hospital/ER 	<ul style="list-style-type: none"> • Short-term (24-72 hours) observation and crisis stabilization services to all referrals • Delivered in home-like, non-hospital environment 	<ul style="list-style-type: none"> • Mental Health Professional with SUD training designated by the county or BH-ASO • Authorized to conduct ITA investigations and detain persons to an appropriate facility 	<ul style="list-style-type: none"> • Designed to be 24/7 with longer stays (>1 day) • Can take a variety of forms including residential and short-term inpatient • Emerging trends are Peer-run and Peer-Hybrid models 	<ul style="list-style-type: none"> • DCRs conduct investigation to evaluate for harm to self, others, property or grave disability secondary to a Mental or substance use disorder • Evaluates for Imminent, Non-Emergent, Revocation of Less Restrictive Alternative or Assisted Outpatient Treatment

BH ASOs

Regional-based entities that deliver some, but not all, of the crisis related services to individuals on Medicaid and all of the crisis services to individuals not on Medicaid.

MCOs

Contract with HCA to deliver acute care, mental health, and substance use disorder services to Medicaid enrollees. The MCOs contract with BH ASOs in the region where they have members. Responsible for crisis services that are not delivered by the BH ASOs to Medicaid enrollees.

HCA

Responsible for the State's Medicaid (Apple Health) program. It contracts with the MCOs to deliver services to Medicaid enrollees. It also distributes non-Medicaid funds from SAMHSA grants to each BH ASO to cover crisis services to non-Medicaid clients.

WASHINGTON'S CURRENT MODEL FOR DELIVERING CRISIS SERVICES

➤ **Services for individuals on Medicaid**

- Beginning in January 2020, the HCA entered into contracts with managed care organizations (MCOs) to deliver integrated care, both physical and behavioral health services.
- Crisis services are considered a part of the behavioral health benefit.
- The MCOs must contract with regional BH ASOs to deliver selected crisis services. BH ASOs, in turn, contract with individual providers. For the remainder of crisis-related services, the MCO is responsible for contracting with providers directly.

➤ **Services for individuals not on Medicaid**

- The HCA has contracts directly with the BH ASOs in each region to deliver all crisis-related services to individuals not on Medicaid. Funding is provided by the HCA through SAMHSA grants or other non-Medicaid funds.

DELIVERY OF CRISIS SERVICES HAS CHANGED OVER TIME

Accountability of Dept of Health

Indicates Accountability of BH ASOs

Indicates Accountability of MCOs

Before Integrated Managed Care was Introduced in Medicaid - Services Delivered to **MEDICAID** Clients



After Integrated Managed Care was Introduced in Medicaid - Services Delivered to **MEDICAID**

Oversight of the BH ASOs by the MCOs for

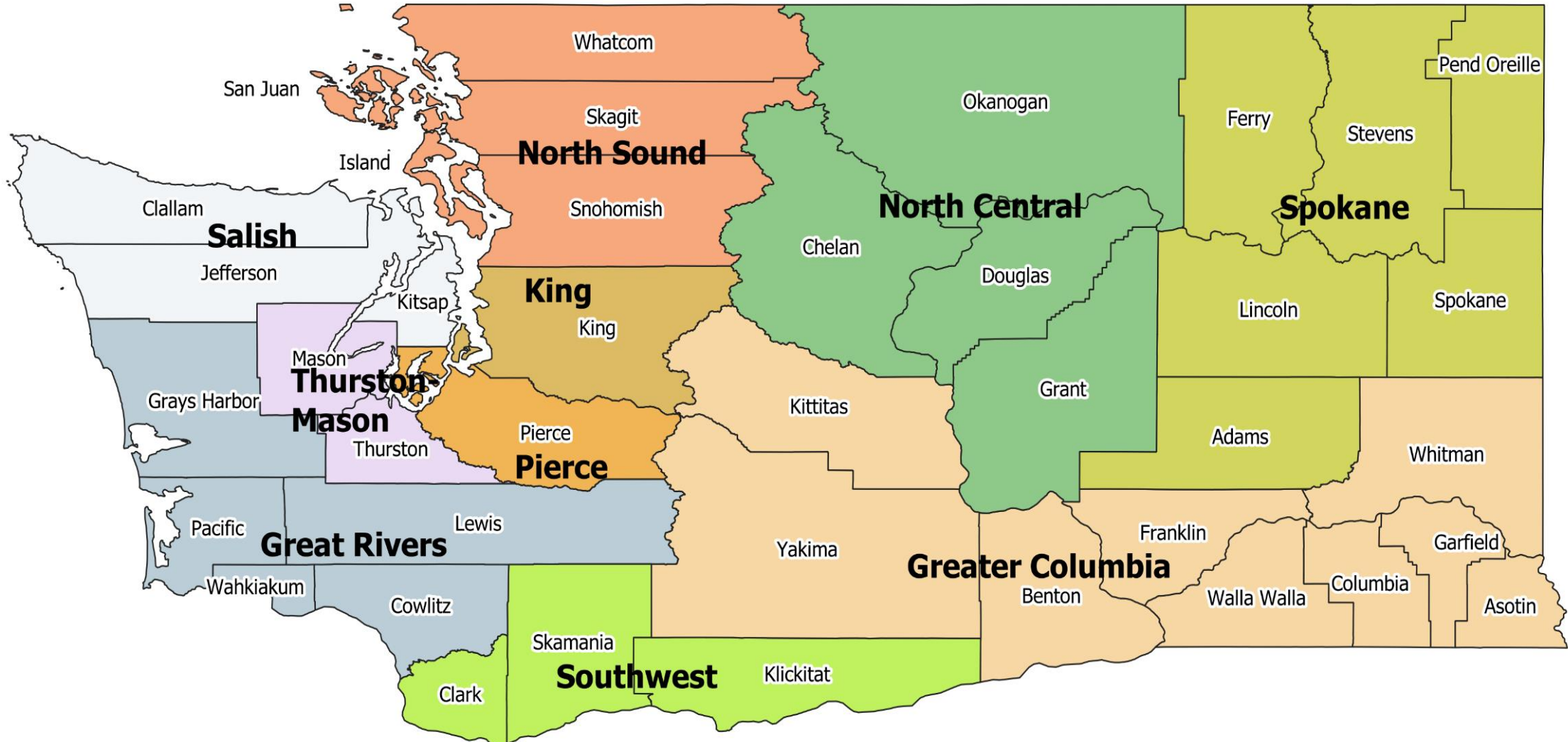


Services Delivered to **NON-MEDICAID** Clients has remained constant



BH ASO REGIONS

HCA has divided the counties into 10 regions. Each BH ASO has responsibility for delivering crisis services in each region. Each Medicaid MCO may serve individuals in some, but not all, regions.



MCO SERVICE REGIONS

HCA has contracts with 5 MCOs. Each MCO may serve individuals in some, but not all, regions.

	Amerigroup Washington	Coordinated Care of Washington	Community Health Plan of Washington	Molina Healthcare of Washington	UnitedHealthcare Community Plan
Region					
Great Rivers	X			X	X
Greater Columbia	X	X	X	X	
King County	X	X	X	X	X
North Central	X	X	X	X	
North Sound	X	X	X	X	X
Pierce County	X	X	X	X	X
Salish	X		X	X	X
Southwest	X	X	X	X	X
Spokane	X	X	X	X	
Thurston-Mason	X			X	X

**WORK
COMPLETED BY
CONSULTANTS
TEAM IN THE
DISCOVERY
PROCESS**

ASSESSMENT DISCOVERY PROCESS

Community Forums

- First Responder Community Forum (10/27, 177 participants)
- General Community Forum (10/28, 64 participants)
- General Community Forum (11/3, 99 participants)
- Lived Experience Community Forum (11/3, 84 participants)
- Rural and Agricultural Community Forum (11/4, 37 participants)

Crisis System and Services Survey

- A survey was distributed to BH-ASOs and behavioral health providers.
- All BH-ASOs (8) completed the survey (serving WA's 10 regions)
- 15 Providers who provide crisis services responded
- 9 Providers who *do not* provide crisis services responded

Interviews

- Interviews conducted with all 8 BH-ASOs
- Interviews conducted with 4 MCOs (1 remaining interview is scheduled)

Data Analysis and Review Other Reports

- Quarterly Crisis Reports from BH ASOs
- Overdose death statistics from Washington State Department of Health
- *Planned 2022*: Analysis of Medicaid claims and encounter data

Other Reports/Resources

- HCA contracts with MCOs and BH ASOs
- Preliminary Report on 988 Case Referral & Management System (Third Sector)
- Vibrant 988 Landscape Analysis and Implementation Plan
- Crisis delivery best practices (national scan)

COMPREHENSIVE ASSESSMENT 9 KEY THEMES

**For Input and Discussion
with the CRIS Committee**

OVERVIEW OF KEY THEMES

- **In this section, we will review the 9 key themes identified during the discovery process.**
 - Each theme is introduced with supporting sub-themes.
 - Where applicable and available, data or graphics are shown to further explain the rationale for the theme statement.
 - It is anticipated that each theme could be further researched and expanded upon.
- **We are seeking CRIS member feedback and input on the themes identified to inform the HB 1477 January 1, 2022 report and future areas of work for the HB1477 committees.**
 - *November 16th meeting:* CRIS Committee members will have the opportunity to discuss and provide feedback during the meeting.
 - *November 16-30 written comments:* CRIS Committee members will have the opportunity to provide written feedback on themes. Please send comments to Nicola Pinson, Project Manager at: npinson@healthmanagement.com.

1. Availability of the Continuum of Services
2. Utilization of Services
3. Accountability for the Provision of Crisis Services
4. Financing of Crisis Services
5. Person, Family, and Community-Centered Approaches to Delivery of Crisis Services
6. Collaboration in the Delivery of Crisis Services
7. Crisis Services Workforce
8. Use of Technology in the Provision of Crisis Services
9. Outcomes from the Delivery of Crisis Services

THEME #1

Availability of the Continuum of Services

1. *The continuum of crisis services is not consistent across regions of the state.*

1.1 The manner in which funds are distributed can impact the continuum of services available for those who are Medicaid eligible and those who are not Medicaid eligible.

1.2 The number of Crisis Lines varies across regions.

1.3 Mobile Crisis Teams are present in every region, but the availability (turnaround time) can vary across the state. Crisis Stabilization Units are not available in some parts of the state and not easily accessible in many parts of the state.

1.4 Preventative services and programs such as warmlines and walk-in clinics are not consistently available across the state.

1.5 Crisis Respite programs, including Peer Respite, are not funded in all regions.

INVENTORY OF SELECTED PROVIDERS BY REGION

Each region has a 24/7 mobile crisis line under contract with the BH ASO in the region. The number of mobile crisis teams varies by region. The number of crisis stabilization beds varies widely across regions, with some regions having zero beds.

	24/7 Mobile Crisis Line Provided by	Number of Mobile Crisis Teams	Number of Crisis Stabilization Providers	Number of Crisis Stabilization Beds Across All Providers
STATEWIDE	6 providers	41	16	234

By Region

Great Rivers	Columbia Wellness	5	0	0
Greater Columbia	Protocall Services	4	3	48
King County	Crisis Connections	3	0	0
North Central	Crisis Connections	3	1	10
North Sound	Volunteers of America	5	6	90
Pierce County	Crisis Connections	3	1	16
Salish	Volunteers of America	4	2	22
Southwest	Crisis Connections	4	1	16
Spokane	Frontier Behavioral Health	8	2	32
Thurston-Mason	Olympic Health and Recovery Services	2	0	0

THEME #2

Utilization of Services

2. *Crisis services and utilization volume varies across the state. There appears to be a reliance on involuntary processes resulting in a disproportionate number of Designated Crisis Responders (DCR) events compared to use of mobile teams in some regions.*
 - 2.1 The volume of crisis calls (controlled for population size in each region) varies across regions.
 - 2.2 Mobile crisis team utilization and responsiveness varies greatly across regions.
 - 2.3 The rate of involuntary placements also varies across regions of the state.
 - 2.4 There continues to be an over-reliance on inpatient psychiatric beds because preventative or other diversion services are not consistently accessible.
 - 2.5 The Single Bed Certification process continues to be in place which allows for care of the psychiatric patient in the absence of a community alternative.

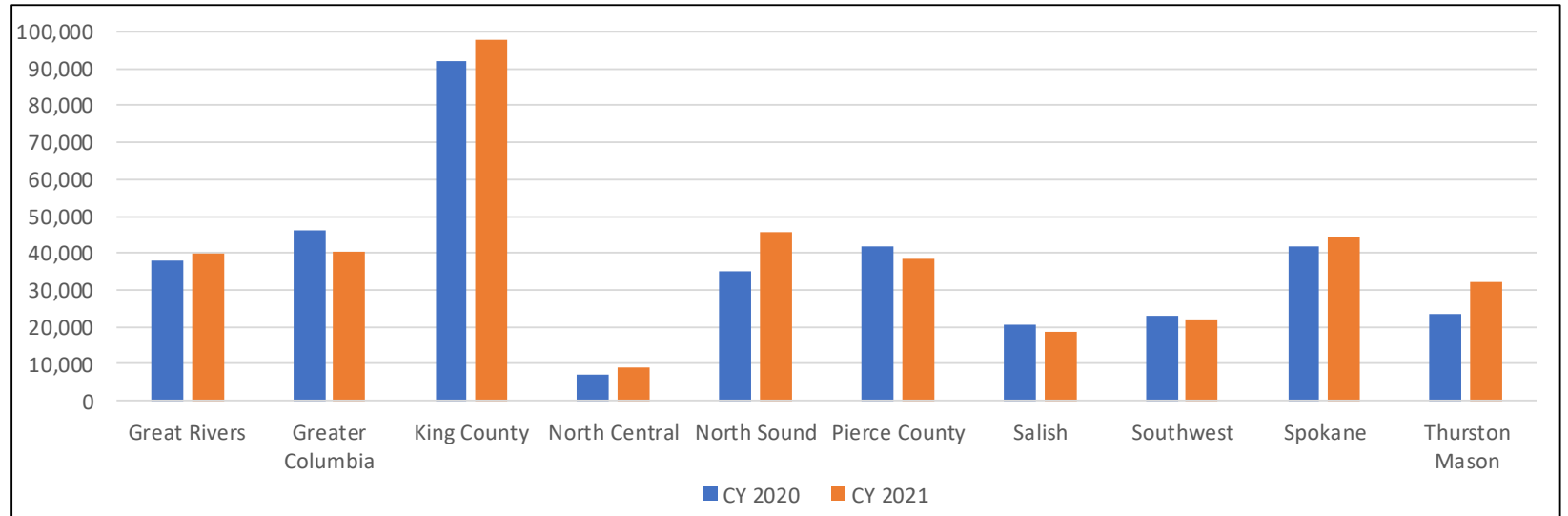
CRISIS CALL VOLUME TO BH ASO LINES VARIES BY REGION OF THE STATE

Calls to BH ASO Crisis Lines
 CY 2020: 367,765
 CY 2021*: 388,099

Percent of Calls Answered by BH ASO Crisis Lines within 30 Seconds
 CY 2020: 93.1%
 CY 2021*: 95.7%

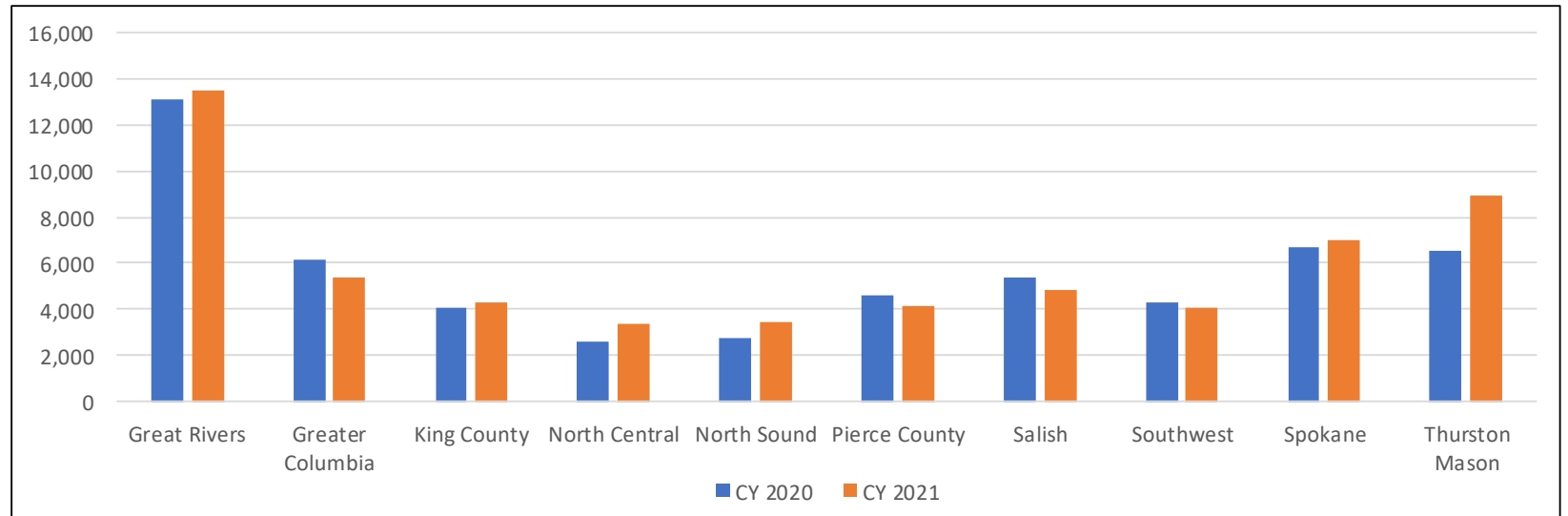
*Note that CY 2021 data is estimated annualized figures based on calls reported by BH ASOs to date.

Call Volume to BH ASO Crisis Hotlines (2021 data is annualized)



Call Volume to BH ASO Crisis Hotlines Per 100,000 Residents for each BH ASO Region (2021 data is annualized)

Statewide Values are 4,803 for CY 2020 and 4,997 for CY 2021



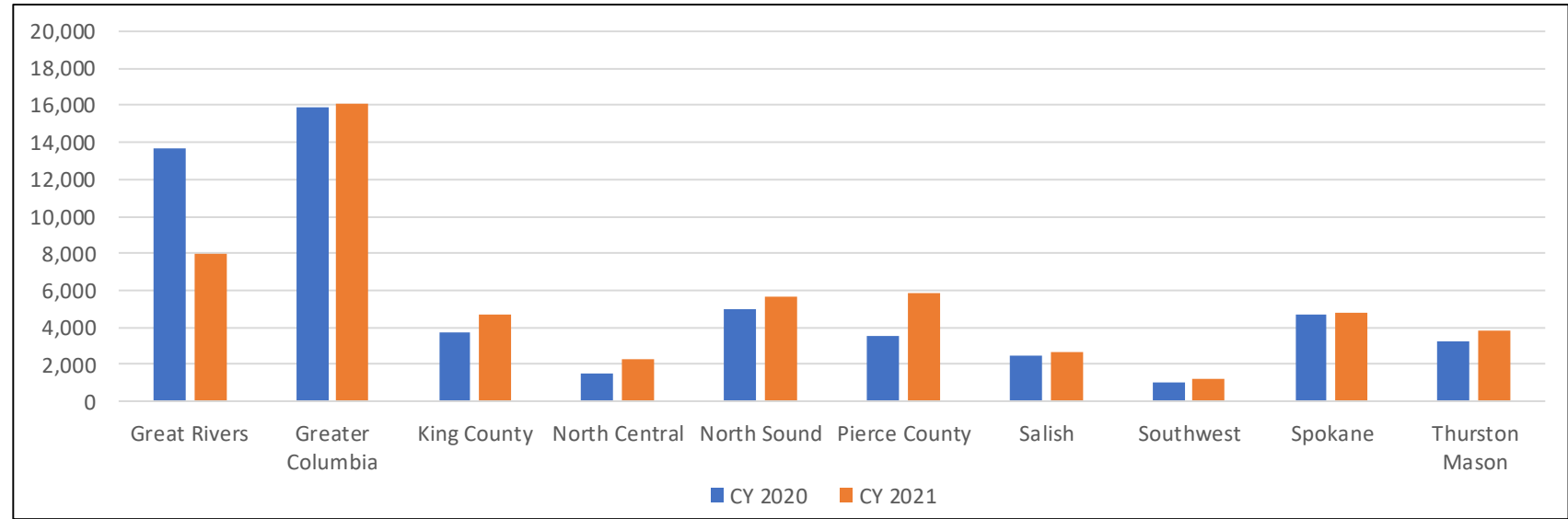
VARIATION IN MOBILE CRISIS OUTREACH IS SIGNIFICANT ACROSS REGIONS

Statewide Mobile Team Volume

CY 2020: 10,831
 CY 2021: 9,674*

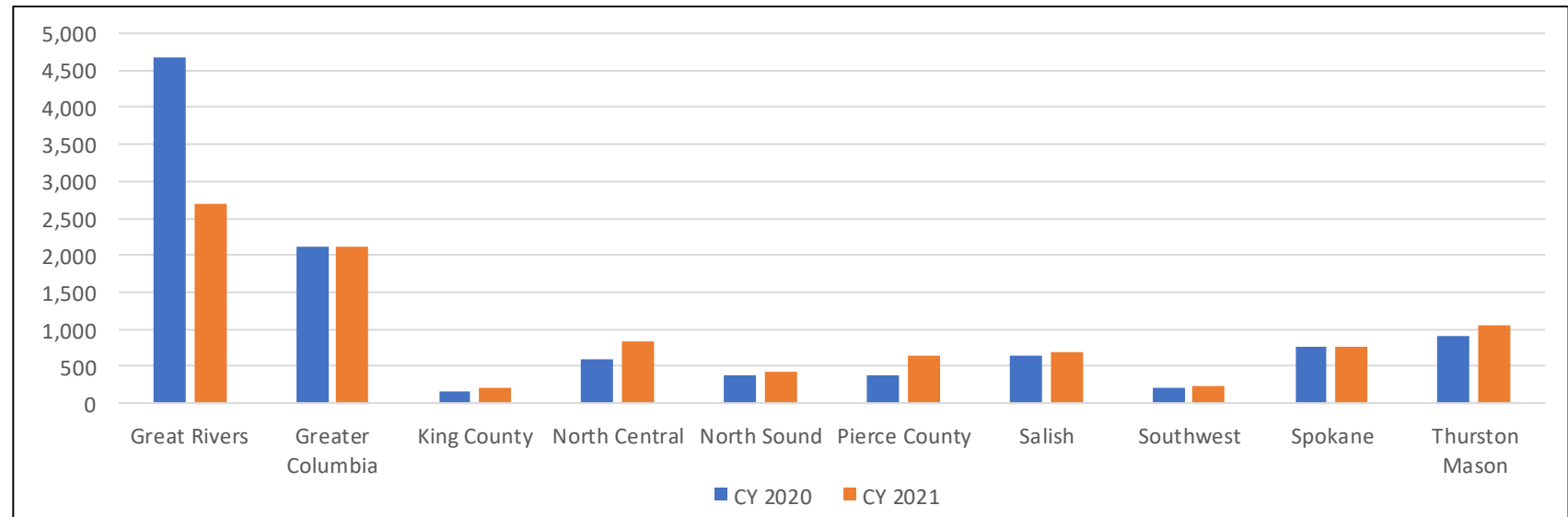
*estimated annualized number

Volume of Mobile Crisis Outreach for each BH ASO Region (2021 data is annualized)



Mobile Crisis Outreach Per 100,000 Residents for each BH ASO Region (2021 data is annualized)

Statewide Values are 665 for CY 2020 and 669 for CY 2021



THEME 2: DCR INVESTIGATIONS GROWING OR STEADY IN MOST REGIONS IN CY 2021, BUT RATE VARIES BY REGION

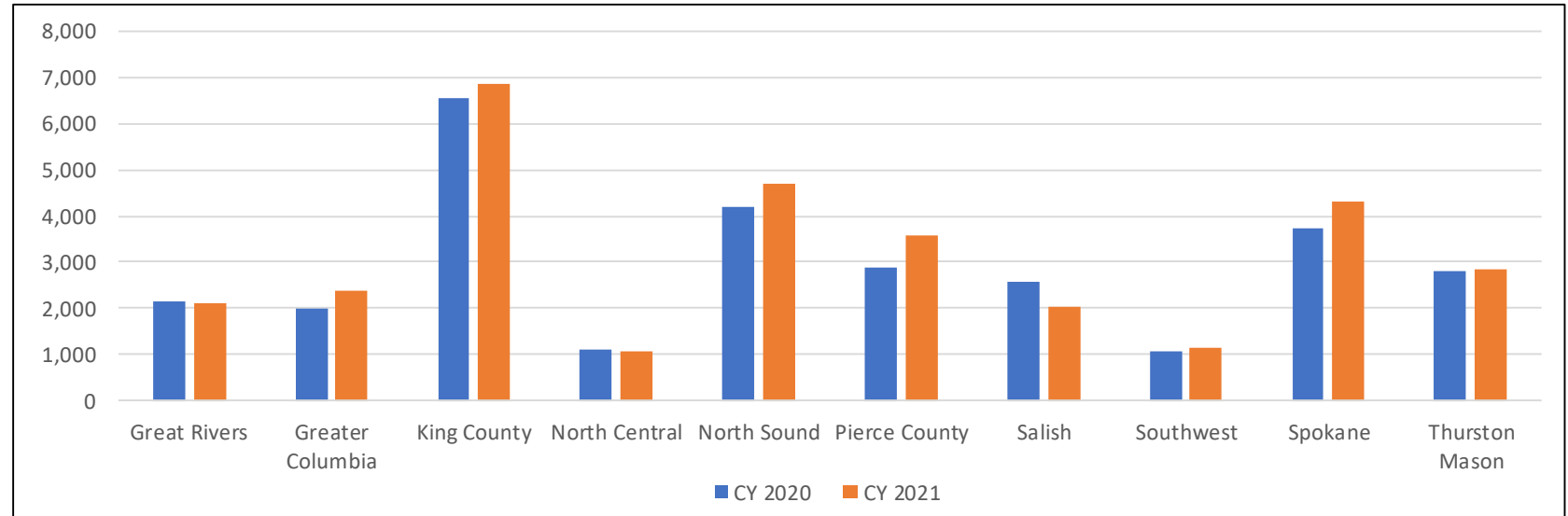
Statewide DCR Investigations

CY 2020: 29,043

CY 2021: 31,030*

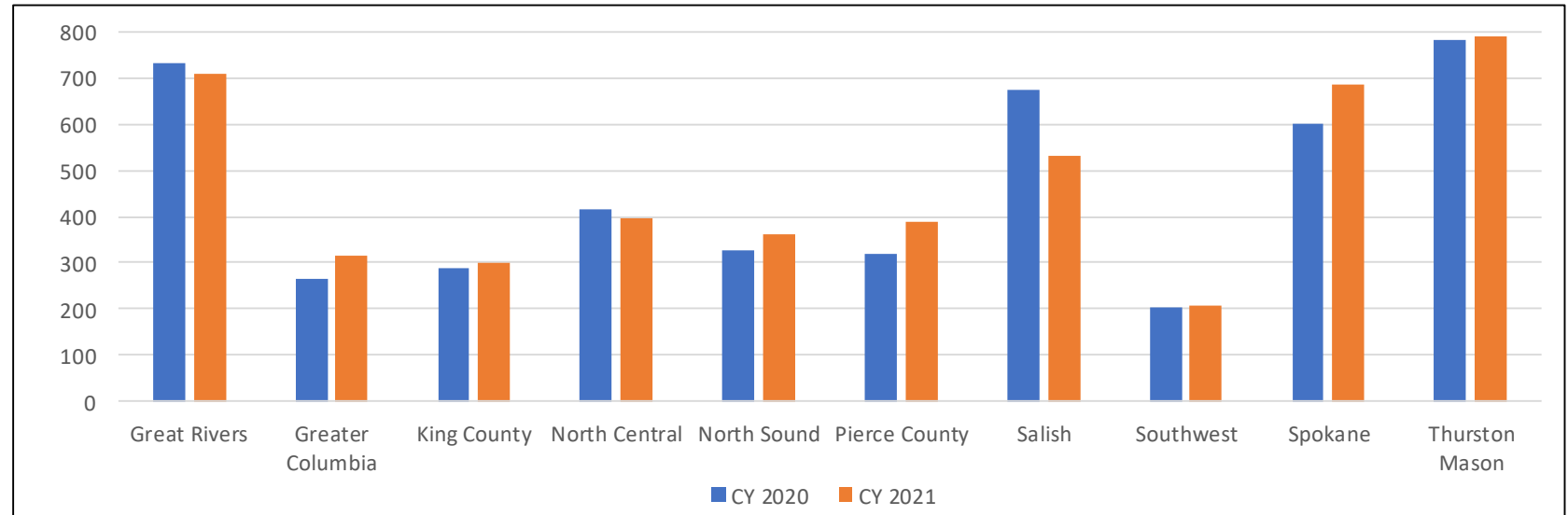
*estimated annualized number

Volume of Designated Crisis Responder Investigations for each BH ASO Region (2021 data is annualized)

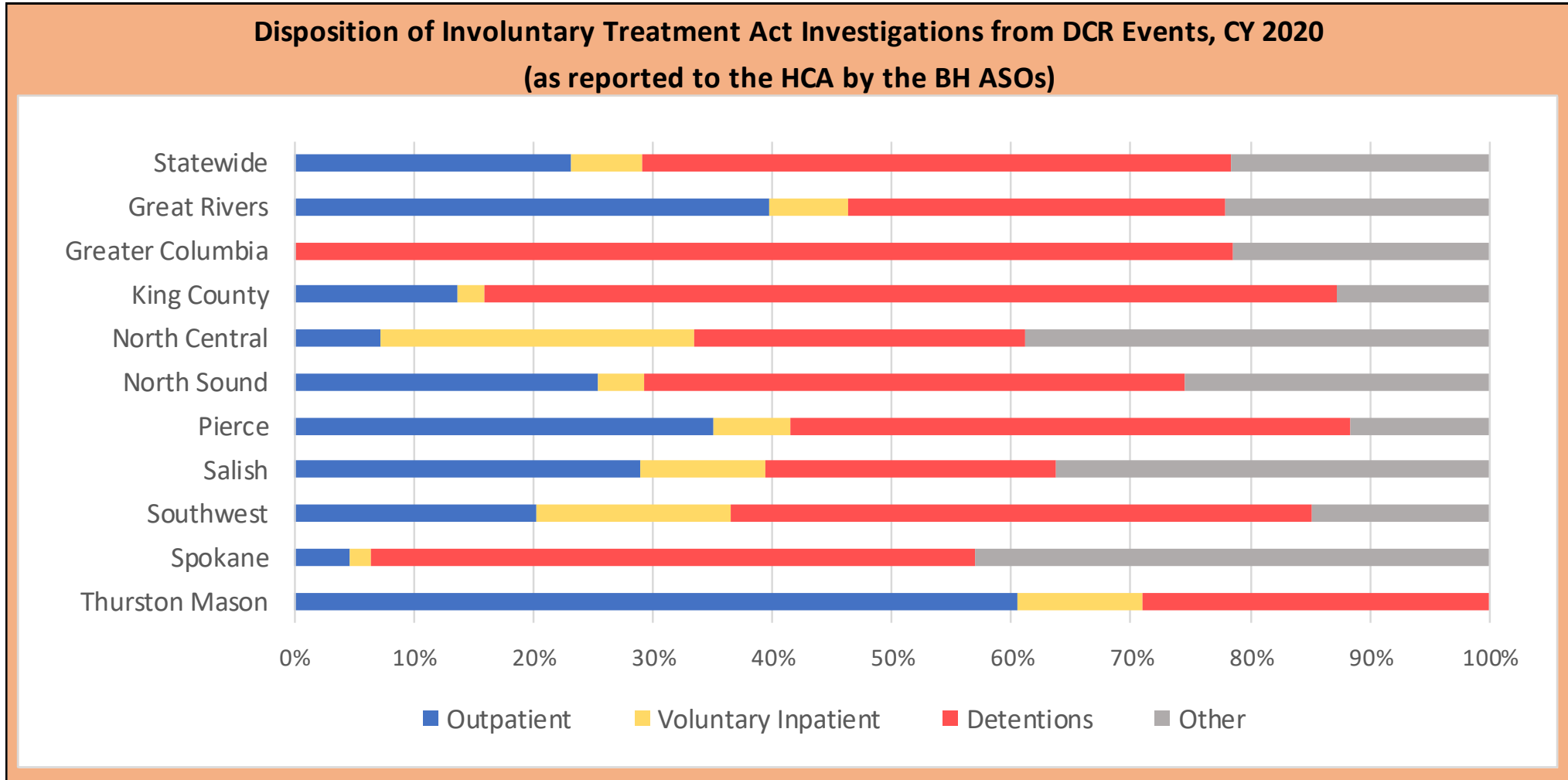


Designated Crisis Responder Investigations Per 100,000 Residents for each BH ASO Region (2021 data is annualized)

Statewide Values are 378 for CY 2020 and 402 for CY 2021

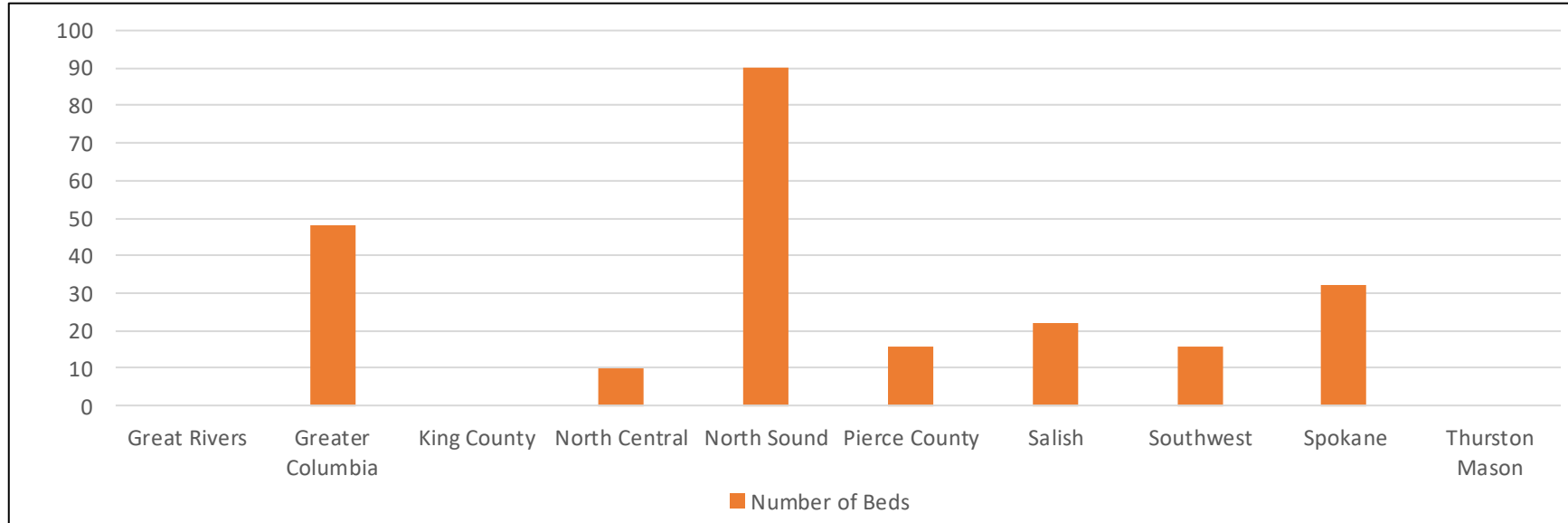


THEME 2: HALF OF DCR OUTREACH INVESTIGATIONS IN CY 2020 RESULTED IN DETENTION



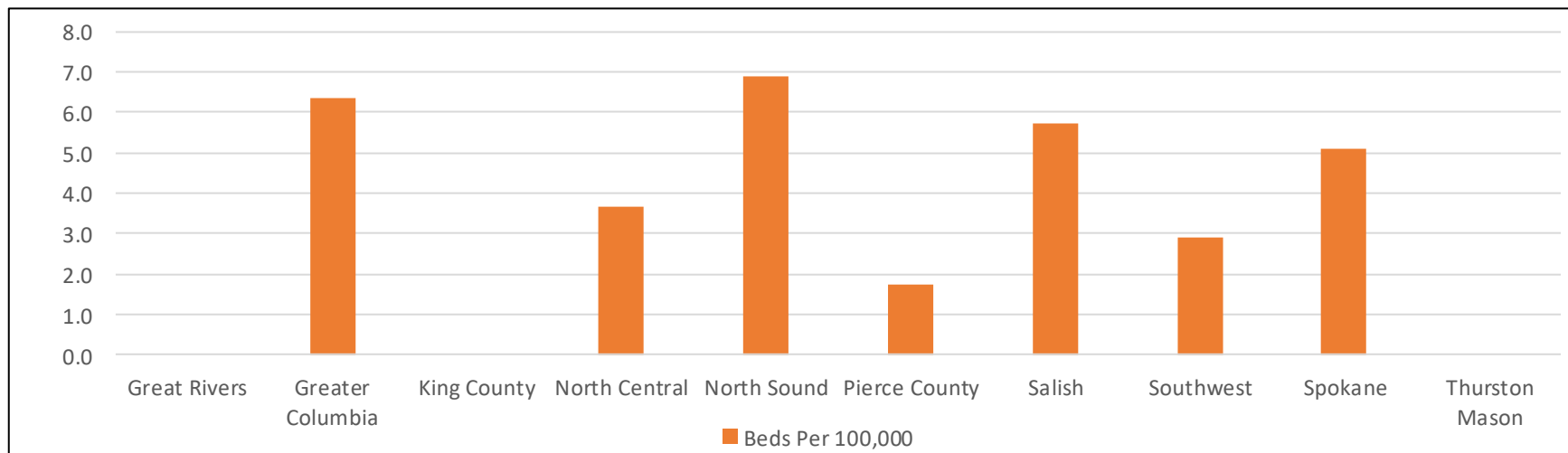
THEME 2: SOME REGIONS HAVE NO CRISIS STABILIZATION BEDS

Crisis Stabilization Beds Available in each BH ASO Region as of November 2021 (no bar means zero beds)



Crisis Stabilization Beds Per 100,000 Residents Available as of November 2021

Statewide Value is 3.0



THEME #3

Accountability for the Provision of Crisis Services

3. With the implementation of integrated managed care, the accountability and monitoring of the delivery of crisis services changed and is now bifurcated.

3.1 For Medicaid clients, the scope of what the BH ASOs deliver under crisis services narrowed. The Medicaid MCOs took over responsibility for more of the crisis services.

3.2 For non-Medicaid clients, however, the scope of what the BH ASOs deliver under crisis services did not narrow. In other words, the BH ASOs offer some crisis services to non-Medicaid clients but not to Medicaid clients.

3.3 There appears to be different interpretations across the state as to where responsibility of crisis services to Medicaid clients begins and ends between the BH ASOs and the MCOs.

3.4 The BH ASOs no longer have real-time data on crisis encounters for Medicaid members for all crisis services in the continuum.

3.5 Alternatively, the MCOs do not have all information on their Medicaid clients related to crisis services due to varied levels of tracking and reporting by the BH ASOs to the MCOs.

THEME #4

Financing of Crisis Services

4. Total financing appears to be disproportionately balanced to more restrictive care than less restrictive care, and to acute crisis events and less toward the prevention of crisis events.

4.1 Payments to BH ASOs from the HCA for non-Medicaid clients are based on historical payments and not necessarily on preferred outcomes such as diversion to lower levels of care, when appropriate.

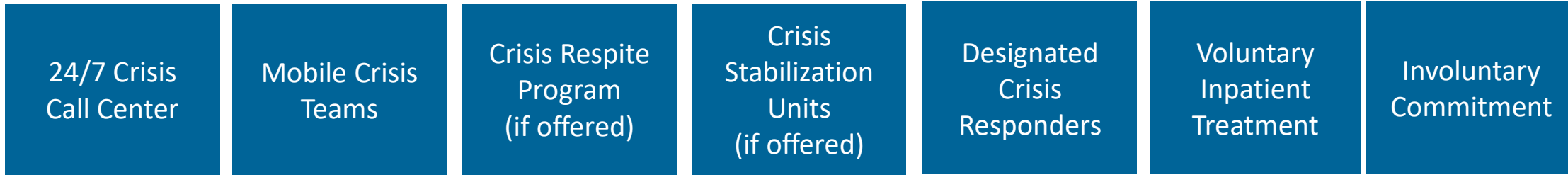
4.2 Payments to MCOs from the HCA for Medicaid clients are made on a per member per month (PMPM) basis. There is variation of this PMPM at the regional level, usually because of differences in historical utilization. That is, higher-cost services in the past will drive a higher PMPM.

4.3 Payments to BH ASOs from the MCOs for Medicaid clients and the services under BH ASO responsibility are often paid out in advance but later reconciled on a per service basis. Therefore, in order to maximize the initial revenue received, there is an inherent bias to deliver more costly services.

4.4 The BH-ASOs often pay their local crisis providers based on capacity for 24/7 availability (“the firehouse model”). Other providers are usually paid directly by the MCO on a per service or per day basis. Providers that may deliver services across the continuum can be reimbursed differently by MCOs and BH ASOs.

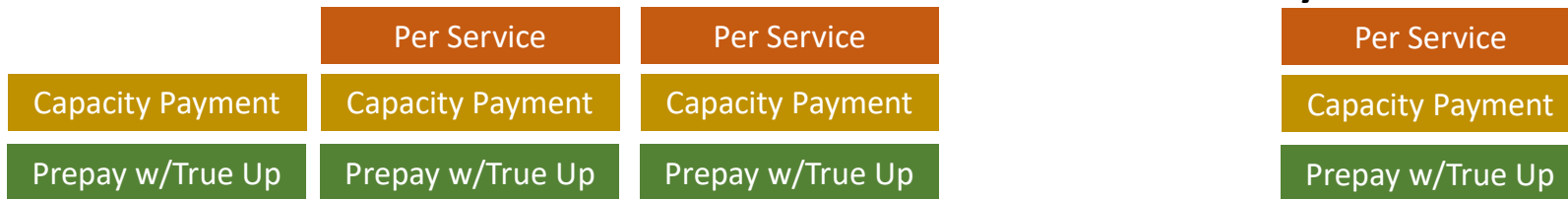
THEME 4: MODELS OF PAYMENT FOR SERVICES DELIVERED IN MEDICAID CAN VARY BY REGION

Crisis Services to be Paid



Potential Methods of Payment

Payment from MCO to BH ASO



Payment from BH ASO to Provider



Payment from MCO to Provider



THEME #5

Person, Family and Community-Centered Approaches to Delivery of Crisis Services

5. There are no systematic standard practices to support the person and family-centered approach within the current crisis system. This impacts both access and best practices for interventions.

5.1 In some regions, services are often rendered in a more, not less, restrictive setting due to lack of alternative options for less-restrictive settings for those in crisis.

5.2 Further, the options for individual and family empowerment (e.g., respite, warm line, drop-in) are limited in many regions. This can limit the ability to proactively prevent a crisis and results in a higher reliance on the crisis system itself.

5.3 Significant variations in the crisis service continuum and resource restrictions exist in rural communities.

5.4 Person-centered, culturally responsive, and trauma-informed approaches are inconsistently applied across the state.

5.5 Although peers are used in many settings in many parts of the state, there appears to be consensus that peers can be leveraged even more.

THEME #6

Collaboration in the Delivery of Crisis Services

6. Although there are a variety of collaborative efforts underway to create a system of care for crisis services, collaboration is fragmented and not always consistent.

6.1 Since the implementation of integrated managed care, there is not a coordinated effort between the HCA, the MCOs and the BH ASOs to track the follow-up of clients after a crisis-related event.

6.2 The lack of real-time information to providers across the continuum of services can impede more cohesive collaboration.

6.3 There are some promising collaborative efforts underway today that should be explored further to leverage across the crisis system.

6.4 There is variation across MCOs and BH ASOs in the levels of collaboration and support of community initiatives.

THEME #7

Crisis Services Workforce

7. Workforce among behavioral health practitioners in many parts of the state is severely challenged and impedes expansion of the continuum of crisis service delivery.

7.1 Recruitment and retention of behavioral health practitioners impacts the access to and availability of crisis services in Washington.

7.2 Peer support specialists are under-utilized in many portions of the crisis service continuum.

7.3 Regulations and licensure requirements can serve as an additional impediment to crisis service delivery.

7.4 Behavioral health workforce training and standards are varied across regions.

THEME #8

Use of Technology in the Provision of Crisis Services

8. There is limited technology used in the delivery of crisis services across the continuum. This results in the lack of real-time data to initiate coordination and to monitor client outcomes.

8.1 Call centers are using state-of-the-art call management systems to route crisis calls.

8.2 Call centers have the ability to report call metrics.

8.3 The BH ASO region-based crisis lines are not connected electronically to the three Lifeline call centers.

8.4 Health information technology platforms are not being utilized (e.g., bed registry, available outpatient appointments, client-specific ED use or other history) by the call centers or by providers to assist in coordinating and delivering services.

8.5. The information flow of services used by Medicaid clients before, during, and after a crisis event between BH ASOs, MCOs, and individual providers is fragmented and inconsistent. Where it occurs, the information is not in real-time.

THEME #9

Outcomes from the Delivery of Crisis Services

9. To date, there has been limited focus on the outcomes from the delivery of crisis services in Washington. There are opportunities to develop, monitor, and report out to the public the outcomes from recent and future investments in the crisis delivery system.

9.1 There is little data collected today at the system level to assess the effectiveness of crisis service delivery (e.g., mobile team response time, diversion to less restrictive care, measures to assess prevention of crisis services).

9.2 There is limited fidelity monitoring to determine if Washington's crisis delivery system aligns with national best practices.

9.3 Information to assess individuals' or families' experiences with care is limited.

9.4 Service utilization data is not being aggregated and analyzed at the statewide level to drive improvement.

NEXT STEPS

- **We are seeking CRIS member feedback and input on the themes identified to inform the HB 1477 January 1, 2022 report and future areas of work for the HB1477 committees.**
 - *November 16th meeting:* CRIS Committee members will have the opportunity to discuss and provide feedback during the meeting.
 - *November 16-30 written comments:* CRIS Committee members will have the opportunity to provide written feedback on themes. Please send comments to Nicola Pinson, Project Manager at: npinson@healthmanagement.com.

HB 1477 Subcommittees – Overview

HB 1477 Committee Structure

The HB1477 Steering Committee is forming seven subcommittees to inform the development of recommendations for an integrated behavioral health crisis response and suicide prevention system in Washington. The Steering Committee is establishing the following subcommittees:

1. *Confidential Information Compliance and Coordination*
2. *Credentialing and Training Subcommittee*
3. *Technology Subcommittee*
4. *Rural and Agricultural Communities*
5. *Cross-System Crisis Response Subcommittee*
6. *Lived Experience Subcommittee* (this subcommittee will be open to all persons with lived experience.¹)
7. *Tribal 988 Subcommittee* (The Tribal 988 Subcommittee will be facilitated through the [Tribal Centric Behavioral Health Advisory Board](#).)



* Five of the seven subcommittees are established by HB 1477. The Steering Committee established two additional subcommittees: Lived Experience, and Rural & Agricultural Communities

Charge of HB 1477 Committees

The Steering Committee – with input from the CRIS and subcommittees – is charged to make recommendations for an integrated behavioral health crisis response and suicide prevention system with elements described HB 1477. Specifically, the Steering Committee is charged with:

- Developing a vision for an integrated crisis network in Washington that includes:
 - An integrated 988 crisis hotline and crisis call center hubs
 - Mobile rapid response crisis teams
 - Mobile crisis response units for youth, adult, and geriatric population
 - Crisis stabilization services

¹ Individuals and families with ***lived experience*** means any person or family member who have first-hand experience with a mental health challenge, substance use challenge, and/or life event impacting one’s life functioning.

- An involuntary treatment system
- Access to peer-run services
- Adequate crisis-respite services
- Data resources
- Recommendations to promote equity in services for individuals of diverse circumstances of culture, race, ethnicity, gender, socioeconomic status, sexual orientation, and for individuals in tribal, urban, and rural communities.
- Identifying potential barriers and making recommendations to the Legislature and Governor for how to implement and monitor progress of the 988-crisis hotline in Washington.
- Recommendations to the Legislature and Governor for the statewide improvement of behavioral health crisis response and suicide prevention services.

Key Milestones

The Steering Committee will provide a progress report, including results of the comprehensive assessment of the behavioral health crisis response and suicide prevention services systems and preliminary recommendations related to funding of crisis response services, to the Governor and Legislature by January 1, 2022. A second progress report—along with preliminary recommendations related to crisis call center hubs and final recommendations related to funding of crisis response services are due January 1, 2023. A final report to the Governor and Legislature is due January 1, 2024.

HB 1477 Subcommittees Objectives

1. **Credentialing and Training Subcommittee** – To inform workforce needs and requirements related to behavioral health system redesign components outlined by HB 1477.
2. **Technology Subcommittee** – To examine issues and requirements related to the technology needed to manage and operate the behavioral health crisis response and suicide prevention system, such as in-coming call management, call routing, documentation systems, and system performance metrics.
3. **Cross-System Crisis Response Subcommittee** – Examine and define complementary roles and interactions of specified crisis system stakeholders, including mobile rapid response crisis teams, designated crisis responders, law enforcement, emergency medical services teams, 911 and 988 operators, public and private health plans, behavioral health crisis response agencies, nonbehavioral health crisis response agencies, and others needed to implement HB 1477.
4. **Confidential Information Compliance and Coordination** – To inform information-sharing guidelines to enable crisis call center hubs to actively collaborate with emergency departments, primary care providers and behavioral health providers within managed care organizations, behavioral health administrative service organizations, and other

health care payers to establish a safety plan for individuals in crisis in accordance with best practices.

5. **Rural and Agricultural Communities** – To seek input and address the unique needs of rural and agricultural communities related to recommendations outlined by HB 1477.
6. **Lived Experience** – To seek input and address the unique needs of people with lived experience and family members related to recommendations outlined by HB 1477.
7. **988 Tribal** – to examine and make recommendations with respect to the needs of tribes related to the 988 system.

Subcommittee Member Responsibilities

Subcommittee member responsibilities will include:

- Participate in Subcommittee meetings between November 2021 and December 2023. In 2021, there will be one subcommittee meeting (second week of November; meeting dates are currently being determined). In total, subcommittees will meet an anticipated maximum of 10 times, with frequency of meetings dependent on deadlines relevant to topics to be addressed by each subcommittee.
- Review background materials in advance of meetings.
- Engage in positive, productive communication with other subcommittee members, the subcommittee facilitator, and project staff.
- Value lived experience as a valid data source.
- Review and provide written comments on subcommittee reports.

Subcommittee Membership Criteria and Selection Process

Members for each subcommittee have been selected to provide diverse community perspectives and professional expertise on topics under consideration by each subcommittee. Subcommittees include three broad categories of members, as described below:

1. **Broad Stakeholder members:** Broad stakeholder members were selected based on evaluation of the Statements of Interest submitted by interested candidates,² member criteria outlined by the HB 1477 and the Steering Committee, and consideration of balanced representation across stakeholder categories in each subcommittee. Member selection criteria included:
 - Members must provide professional expertise and/or community perspectives;
 - Each subcommittee must have at least one member representing urban stakeholders, rural stakeholders, and youth stakeholders; and
 - The Steering Committee has directed that each subcommittee include members representing lived experience.

² Broad public outreach was engaged to invite interested candidates to submit an online Statement of Interest to serve on an HB 1477 Subcommittee. Statements of interest were accepted between October 21 – November 3. 327 Statements of Interest were received in total (Credentialing & Training – 40 statements; Technology = 24 statements; Cross-System Response = 135 statements; Confidential Information Compliance & Coordination = 9 statements; Rural & Agricultural = 37 statements; Lived Experience = 82 statements).

- Prioritize applicants to enhance diversity in race, ethnicity, gender, disability, geographic representation, and representation from communities that have been disenfranchised in the past, as well as “new” voices (i.e., individuals who have not been actively involved with legislative and agency-level groups in the past).
2. **Agency/Implementation SMEs:** HCA, DOH, BH-ASOs and Call Centers identified lead representatives to participate on each subcommittee. These members will support coordination of updates and information regarding agency implementation efforts relevant to the subcommittee.
 3. **CRIS Members on Subcommittees:** CRIS members are invited to select subcommittees they would like to participate in. CRIS members will play a role to support communication and representation of subcommittee work with the larger CRIS Committee.

To allow meaningful engagement and discussion on topics under consideration, subcommittee size is limited to 10-20 members with the exception of the Lived Experience Subcommittee, which is open to all, and the Cross-System Crisis Response Subcommittee requiring broader engagement of members. We note that the Tribal 988 Subcommittee will be facilitated through the [Tribal Centric Behavioral Health Advisory Board](#), with further information available through their website.

Subcommittee members may change over time based on topics under review and aligned with member expertise. For example, subcommittees may require certain members for the initial focus on 988 implementation and additional or new members when turning toward recommendations for the crisis system redesign. Additional Subcommittees may also be formed to address specific focus areas or topics of interest.

To allow broad engagement of interested individuals, all subcommittee meetings will be open to the public and provide opportunity for public comment. Therefore, individuals who are not serving as committee members will still have the opportunity to join subcommittee meetings and provide public comment.

Please see the [CRIS webpage](#) for a Subcommittee member roster.

SCHEDULE OF FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

North Sound Behavioral Health Administrative Services Organization January 1, 2020 through December 31, 2020

2020-001 The Organization improperly charged the program for expenditures incurred outside the period of performance.

CFDA Number and Title:	93.959 Block Grants for Prevention and Treatment of Substance Abuse
Federal Grantor Name:	U.S. Department of Health and Human Services
Federal Award/Contract Number:	N/A
Pass-through Entity Name:	Washington Health Care Authority
Pass-through Award/Contract Number:	K4159
Questioned Cost Amount:	\$29,704

The Substance Abuse Prevention and Treatment Block Grant (SABG) program awards funds to states, territories and one Indian tribe for the purpose of planning, implementing and evaluating activities that prevent and treat substance abuse and other statute-authorized activities. During fiscal year 2020, the Organization spent \$3,833,323 in SABG funds, including \$1,276,458 that was passed through to subrecipients.

Federal regulations require every subaward to specify the period of performance start and end date. Eligible program costs must be incurred during that time period. The contract between the Washington Health Care Authority and the Organization specified the period of performance for this award was July 1, 2020, through June 30, 2021.

Description of Condition

The Organization had adequate internal controls for ensuring it materially complied with the period of performance requirement. However, due to an oversight in the year-end accrual process, the Organization charged the program \$29,704 for subrecipient expenses incurred between November 2019 and June 2020, which was before the performance period.

The issue was not reported as a finding in the prior audit.

Cause of Condition

The Organization did not perform an adequate review of expenditures during the year-end journal entry process to ensure all costs charged to the program were within the period of performance.

Effect of Condition and Questioned Costs

We tested all year-end journal entries that charged expenditures to the program. We are questioning the \$29,704 charged to the program for subrecipient expenses incurred before the start of the performance period.

Federal regulations requires the State Auditor's Office to report known questioned costs that are greater than \$25,000 for each type of compliance requirement. We question costs when we find the Organization has not complied with grant regulations and/or when it does not have adequate documentation to support expenditures.

Recommendation

We recommend the Organization monitor costs charged to the program to ensure they are incurred during the period of performance.

Agency's Response

Auditor's Remarks

Applicable Laws and Regulations

Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), section 516, Audit findings, establishes reporting requirements for audit findings.

Title 2 CFR Part 200, Uniform Guidance, section 200.1 defines the Period of Performance.

Preliminary Draft - Please do not duplicate, distribute, or disclose.



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**CORRECTIVE ACTION PLAN FOR FINDINGS REPORTED UNDER
 UNIFORM GUIDANCE**

**North Sound Behavioral Health Administrative Services Organization
 January 1, 2020 through December 31, 2020**

This schedule presents the corrective action planned by the Organization for findings reported in this report in accordance with Title 2 *U.S. Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance).

Finding ref number: 2020-001	Finding caption: The Organization improperly charged the program for expenditures incurred outside the period of performance.
Name, address, and telephone of Organization contact person: Darrell Heiner, Senior Accountant North Sound Behavioral Health Administrative Services Organization 2021 E College Way Mount Vernon, WA 98273 (360) 419-5652	
Corrective action the auditee plans to take in response to the finding: (If the auditee does not concur with the finding, the auditee must list the reasons for non-concurrence). North Sound BH-ASO has corrected the error and has implemented new billing procedures. Federal Block Grant funds, as of 10/28/21, will be billed by month of service, this in effect institutes another level of review prior to billing Health Care Authority.	
Anticipated date to complete the corrective action: 10/28/21	

North Sound Behavioral Health Administrative Services Organization December 9th, 2021 Board of Directors Financial Notes

HIGHLIGHTS

1. The Budget to Actuals has been updated with the budget amendment that was passed in September, this has had the effect of creating some variances since the new programs aren't up and running yet. I noted the lines that are affected by this. One main area of concern is Withdrawal Management, it is over budget by a significant amount and will require a more detailed analysis. The revenues and expenses are running almost equal before we recognize the BHO transfer.
2. The Revenue and Expense statement looks good in that we are not overspending our revenue. For the month of November, revenues slightly exceed expenses, but we have outstanding grant revenue that would put us back in the positive.
3. The one thing to note is the decrease in the Medicaid fund balance, this is due to a change in our method for calculating MCO expense for our crisis system and enables us to pull down the MCO revenue that was building up in the fund balance. Current MCO revenue is not covering current expense.
4. The State auditors have pretty much finished their audit and are in the process of scheduling an exit conference. We will have one finding relating to a billing error with SABG funds. The error was easily corrected but they have determined that it still calls for a finding.

NOTES

1. We are presenting the financial statements for November 2021 for the Behavioral Health Administrative Services Organization (ASO).
2. These monthly statements are prepared for the Board's use only. They provide a snapshot of expenses and revenue for a single calendar month compared with a hypothetical "year to date" projection. However, neither revenues nor expenditures occur on an equal 1/12 amount each month.
3. The North Sound BH-ASO adopts "calendar year" budgets, but the allocations from the state are done on a state fiscal year basis [with adjustments every 6 months]. The exceptions are Federal Block Grant Funds which are allocated for the entire fiscal year.

4. Revenues and expenses are managed independently within each of the major fund categories: Medicaid, State General Fund, Mental Health Block Grant, Substance Abuse Block Grant, and SAMHSA [a direct grant we receive from the federal government for our rural Medication Assistance Treatment program].

5. Within 'State General Funds', allocations are further subdivided between general state funds, and the multiple "Proviso" funds allocated for specific services.

6. We have added two new lines at the bottom of the "Revenue and Expense" tab which shows the beginning and ending fund balance within each fund category for the state fiscal year. I also added some additional lines at the bottom to show the Net Income from Operations before the transfer of funds to the BHO.

7. The Budget to Actuals statement includes notes on areas where there is a variance between the hypothetical year to date budget and actual revenues and expenditures. I also added additional lines at the bottom to show the transfer of funds separate from the normal operations.

**NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICE ORGANIZATION
PRELIMINARY REVENUE and EXPENSE STATEMENT for NOVEMBER 2021*
BUDGET TO ACTUALS**

<u>REVENUES</u>	2021 Budget	YTD 2021 Budget	YTD 2021 Actual	Variance Favorable (Unfavorable)	
Intergovernmental Revenues					
SAMHSA	\$ 691,630	633,994	691,630	57,636	
MHBG	1,650,097	1,512,589	1,162,290	(350,298)	Added new f
SABG	4,275,187	3,918,921	2,963,399	(955,522)	Added new f
State Funds	19,534,655	17,906,767	17,286,083	(620,684)	Added new f
Medicaid (MCO)	5,167,197	4,736,597	4,821,600	85,003	
Total Intergovernmental Revenues	31,318,766	28,708,869	26,925,003	(1,783,866)	
Misc. Revenue **	0	0	21,724	21,724	
Interest Revenue	20,000	18,333	2,962	(15,371)	Lower intere
TOTAL REVENUES	\$ 31,338,766	\$28,727,202	\$ 26,949,689	\$ (1,777,513)	
<u>EXPENDITURES</u>					
Inpatient Treatment	\$ 906,376	830,845	\$ 861,967	(31,123)	
ITA Judicial	2,348,969	2,153,222	1,905,822	247,399	
Crisis Services	12,107,751	11,098,772	10,911,714	187,058	
MH Crisis Stabilization	1,790,858	1,641,620	1,609,220	32,400	
E&T Services	1,007,474	923,518	833,291	90,226	
E&T Discharge Planner	143,058	131,137	129,133	2,003	
Jail Services	364,560	334,180	292,203	41,977	
PACT Services	364,782	334,384	403,325	(68,941)	Sept & Oct a
MHBG Expenditures ***	722,031	661,862	400,738	261,124	Added new M
HARPS & DOC Housing	1,341,693	1,229,885	521,446	708,440	Added new [
DMA County Contracts	581,292	532,851	495,492	37,359	
SABG Expenditures ****	2,360,358	2,163,662	1,606,096	557,566	Added new \$
Withdrawal Management	747,500	685,208	1,207,145	(521,937)	Expenses ru
SAMHSA (PDOA-MAT) & HRSA	416,605	381,888	403,113	(21,225)	Provider has
Juvenile Drug Court	139,800	128,150	134,179	(6,029)	
Other MH Services *****	1,755,098	1,608,840	1,569,621	39,219	BHEF went t
Other SUD Services	0	0	472,978	(472,978)	These were
Ombuds	179,460	164,505	147,303	17,202	
Advisory Board	20,000	18,333	0	18,333	
Subtotal - Services	27,297,665	25,022,860	23,904,785	1,118,075	
Administration	4,041,101	3,704,343	3,008,645	695,697	Well below t
TOTAL EXPENDITURES	\$ 31,338,766	\$28,727,202	\$ 26,913,430	\$ 1,813,772	

Excess of Revenues Over (Under) Expenditure. \$ 36,259
Cash Transfer to BHO \$ 5,741,571 - This was a ca
Adjusted Excess of Revenues Over (Under) Expenditure. \$ (5,705,313)

* THIS IS AN UNAUDITED STATEMENT

**NORTH SOUND BEHAVIORAL HEALTH ADMINISTRATIVE SERVICE ORGANIZATION
PRELIMINARY REVENUE and EXPENSE STATEMENT for NOVEMBER 2021***

<u>REVENUES</u>	YTD 2021 Totals	YTD 2021 Medicaid	YTD 2021 State	YTD 2021 MHBG	YTD 2021 SABG	YTD 2021 SAMHSA
Intergovernmental Revenues						
SAMHSA	691,630					691,630
MHBG	1,162,290			1,162,290		
SABG	2,963,399				2,963,399	
State Funds	17,286,083		17,286,083			
Medicaid (MCO)	4,821,600	4,821,600				
Total Intergovernmental Revenues	26,925,003	4,821,600	17,286,083	1,162,290	2,963,399	691,630
Misc. Revenue **	21,724		21,724			
Interest Revenue	2,962		2,962			
TOTAL REVENUES	\$ 26,949,689	\$ 4,821,600	\$ 17,310,769	\$ 1,162,290	\$ 2,963,399	\$ 691,630
 <u>EXPENDITURES</u>						
Inpatient Treatment	\$ 861,967		\$ 861,967			
ITA Judicial	1,905,822		1,905,822			
Crisis Services	10,911,714	5,505,140	3,550,491	407,067	1,449,015	
MH Crisis Stabilization	1,609,220		1,449,249	159,971		
E&T Services	833,291		620,681	212,610		
E&T Discharge Planner	129,133		129,133			
Jail Services	292,203		292,203			
PACT Services	403,325		403,325			
MHBG Expenditures ***	400,738			400,738		
HARPS & DOC Housing	521,446		521,446			
DMA County Contracts	495,492		495,492			
SABG Expenditures ****	1,606,096				1,606,096	
Withdrawal Management	1,207,145		931,937		275,208	
SAMHSA (PDOA-MAT) & HRSA	403,113					403,113
Juvenile Drug Court	134,179		134,179			
Other MH Services *****	1,569,621		1,569,621			
Other SUD Services	472,978		472,978			
Ombuds	147,303	110,818	36,485			
Advisory Board	0		0			
Subtotal - Services	23,904,785	5,615,958	13,375,009	1,180,386	3,330,320	403,113
Administration	3,008,645	706,822	2,251,088			50,736
TOTAL EXPENDITURES	\$ 26,913,430	\$ 6,322,780	\$ 15,626,097	\$ 1,180,386	\$ 3,330,320	\$ 453,848
Net Income From Operations	\$ 36,259	\$ (1,501,179)	\$ 1,684,672	\$ (18,096)	\$ (366,920)	\$ 237,782
Cash Transfer to BHO	\$ 5,741,571		\$ 5,741,571			
Net Income after Transfer	\$ (5,705,313)	\$ (1,501,179)	\$ (4,056,899)	\$ (18,096)	\$ (366,920)	\$ 237,782
Beginning Fund Balance 12/31/20	11,975,972	2,204,756	10,391,082	(127,731)	(248,891)	(243,243)
Ending Fund Balance	6,270,660	703,577	6,334,183	(145,827)	(615,812)	(5,461)

Note: State Fund Balance also includes Proviso Fund Balances which are designated for specific expenditures

* THIS IS AN UNAUDITED STATEMENT

North Sound BH-ASO**Warrants Paid****October 2021**

Type	Date	Num	Name	Amount
Bill Pmt -Check	10/01/2021	536127	Catholic Community Services	-13,959.97
Bill Pmt -Check	10/01/2021	536138	Compass Health	-189,273.28
Bill Pmt -Check	10/01/2021	536195	Dixon, James-Reim	-158.10
Bill Pmt -Check	10/01/2021	536219	Lake Whatcom Center	-2,772.00
Bill Pmt -Check	10/01/2021	536224	Lifeline Connections	-48,676.43
Bill Pmt -Check	10/01/2021	536266	Pioneer Center	-70,810.99
Bill Pmt -Check	10/01/2021	536288	Save on Storage	-450.00
Bill Pmt -Check	10/01/2021	536292	Sea Mar	-2,691.68
Bill Pmt -Check	10/01/2021	536299	SHI	-3,532.75
Bill Pmt -Check	10/01/2021	536314	Snohomish Co Juvenile	-3,483.53
Bill Pmt -Check	10/01/2021	536315	Spokane County BHO	-4,770.00
Bill Pmt -Check	10/01/2021	536329	Telecare Corporation	-6,678.00
Bill Pmt -Check	10/01/2021	536349	US Bank	-227.43
Bill Pmt -Check	10/01/2021	536321	WA State Auditors Office	-7,521.15
Bill Pmt -Check	10/08/2021	536400	Brigid Collins	-9,860.56
Bill Pmt -Check	10/08/2021	536410	Compass Health	-91,913.63
Bill Pmt -Check	10/08/2021	536452	Lake Whatcom Center	-6,394.76
Bill Pmt -Check	10/08/2021	536456	Lifeline Connections	-44,210.70
Bill Pmt -Check	10/08/2021	536472	Office Depot	-48.89
Bill Pmt -Check	10/08/2021	536488	Pioneer Center	-102,528.47
Bill Pmt -Check	10/08/2021	536532	Therapeutic Health Services	-2,378.64
Bill Pmt -Check	10/08/2021	536547	Verizon	-1,410.77
Bill Pmt -Check	10/08/2021	536548	Volunteers of America	-249,000.48
Bill Pmt -Check	10/08/2021	536384	Wellfound Behavioral Health H	-2,703.60
Bill Pmt -Check	10/08/2021	536568	Yakima Valley Mem Hosp-Virgi	-4,419.59
Bill Pmt -Check	10/15/2021	536586	Access	-975.74
Bill Pmt -Check	10/15/2021	536626	Comcast	-337.36
Bill Pmt -Check	10/15/2021	536629	Compass Health	-288.75
Bill Pmt -Check	10/15/2021	536657	Evergreen Recovery	-35,541.52
Bill Pmt -Check	10/15/2021	536662	Firstline Communications (All F	-1,059.31
Bill Pmt -Check	10/15/2021	536708	Foster, Katherine	-450.00
Bill Pmt -Check	10/15/2021	536839	Jones, Val-Reimb	-541.00
Bill Pmt -Check	10/15/2021	536714	Lake Whatcom Center	-33,500.00
Bill Pmt -Check	10/15/2021	536721	Lifeline Connections	-11,248.94
Bill Pmt -Check	10/15/2021	536669	Lippman, Glenn	-5,250.00
Bill Pmt -Check	10/15/2021	536727	Marc Boan Consulting	-11,000.00
Bill Pmt -Check	10/15/2021	536734	Osborne, Michelle, JD Associa	-14,000.00
Bill Pmt -Check	10/15/2021	536763	Pioneer Center	-37,103.69
Bill Pmt -Check	10/15/2021	536764	Pitney Bowes Leasing	-1,938.19
Bill Pmt -Check	10/15/2021	536768	Providence-Everett	-43,096.82
Bill Pmt -Check	10/15/2021	536793	SHI	-3,532.97
Bill Pmt -Check	10/15/2021	536806	Snohomish Co Human Service	-128,237.34

North Sound BH-ASO

Warrants Paid

October 2021

Bill Pmt -Check	10/15/2021	536810	SRS Property Management	-10,633.00
Bill Pmt -Check	10/15/2021	536761	St Joseph Medical Center, Pea	-17,215.82

Bill Pmt -Check	10/15/2021	536820	Telecare Corporation	-22,823.22
Bill Pmt -Check	10/22/2021	536912	Compass Health	-162,557.05
Bill Pmt -Check	10/22/2021	536941	Frontline Cleaning Services LL	-650.00
Bill Pmt -Check	10/22/2021	537087	Hand up Project, The	-47,679.50
Bill Pmt -Check	10/22/2021	536965	Island County Human Services	-33,219.17
Bill Pmt -Check	10/22/2021	536995	Lifeline Connections	-1,925.35
Bill Pmt -Check	10/22/2021	537009	Mount Baker Presbyterian Chu	-1,427.09
Bill Pmt -Check	10/22/2021	536896	Robinson, Caileigh	-442.50
Bill Pmt -Check	10/22/2021	536999	Rojas, Margaret-Reim	-219.00
Bill Pmt -Check	10/22/2021	537075	Snohomish Co Human Service	-759,069.00
Bill Pmt -Check	10/22/2021	537092	Therapeutic Health Services	-5,261.84
Bill Pmt -Check	10/22/2021	537121	Wave Business	-601.20
Bill Pmt -Check	10/22/2021	537127	Whatcom County Health Depar	-140,269.44
Bill Pmt -Check	10/29/2021	IGT	Skagit County Auditor	-3,500.00
				<u>-2,405,470.21</u>
				<u>-2,405,470.21</u>
				<u>-2,405,470.21</u>

North Sound BH-ASO**Warrants Paid****November 2021**

Type	Date	Num	Name	Amount
Bill Pmt -Check	11/05/2021	537486	AT&T	-81.48
Bill Pmt -Check	11/05/2021	537498	Brigid Collins	-9,839.75
Bill Pmt -Check	11/05/2021	537505	cascade Behavioral Hospital LI	-6,439.25
Bill Pmt -Check	11/05/2021	537507	Catholic Community Services	-15,116.10
Bill Pmt -Check	11/05/2021	537520	Community Action of Skagit Co	-29,196.87
Bill Pmt -Check	11/05/2021	537521	Compass Health	-517,936.50
Bill Pmt -Check	11/05/2021	537545	Evergreen Recovery	-4,706.00
Bill Pmt -Check	11/05/2021	537551	Fred Pryor Seminars	-299.00
Bill Pmt -Check	11/05/2021	537608	King County BHO	-104,499.07
Bill Pmt -Check	11/05/2021	537611	Lake Whatcom Center	-24,610.17
Bill Pmt -Check	11/05/2021	537618	Lifeline Connections	-101,052.95
Bill Pmt -Check	11/05/2021	537650	NAVOS	-4,231.44
Bill Pmt -Check	11/05/2021	537675	Pioneer Center	-115,966.66
Bill Pmt -Check	11/05/2021	537701	San Juan County Health & Cor	-33,018.59
Bill Pmt -Check	11/05/2021	537703	Save on Storage	-450.00
Bill Pmt -Check	11/05/2021	537707	Sea Mar	-1,273.27
Bill Pmt -Check	11/05/2021	537714	SHI	-2,388.86
Bill Pmt -Check	11/05/2021	537715	Shred-it	-123.31
Bill Pmt -Check	11/05/2021	537720	Skagit County Clerk	-112,944.70
Bill Pmt -Check	11/05/2021	537724	Skagit County Public Health	-2,570.09
Bill Pmt -Check	11/05/2021	537731	Snohomish Co Human Service	-154,301.84
Bill Pmt -Check	11/05/2021	537732	Snohomish Co Juvenile	-11,059.16
Bill Pmt -Check	11/05/2021	537670	St Joseph Medical Center, Pea	-1,563.62
Bill Pmt -Check	11/05/2021	537749	Telecare Corporation	-25,277.77
Bill Pmt -Check	11/05/2021	537773	US Bank	-972.33
Bill Pmt -Check	11/05/2021	537778	Verizon	-1,379.83
Bill Pmt -Check	11/05/2021	537779	Volunteers of America	-161,946.18
Bill Pmt -Check	11/05/2021	537737	WA State Auditors Office	-18,322.20
Bill Pmt -Check	11/12/2021	537875	Catholic Community Services	-539.86
Bill Pmt -Check	11/12/2021	537890	Compass Health	-53,314.33
Bill Pmt -Check	11/12/2021	537918	Evergreen Recovery	-270.94
Bill Pmt -Check	11/12/2021	537944	Island County Human Services	-36,325.18
Bill Pmt -Check	11/12/2021	538108	Jones, Val-Reimb	-425.00
Bill Pmt -Check	11/12/2021	537976	Lake Whatcom Center	-524.87
Bill Pmt -Check	11/12/2021	537986	Lifeline Connections	-243.54
Bill Pmt -Check	11/12/2021	537928	Lippman, Glenn	-5,556.25
Bill Pmt -Check	11/12/2021	537999	Osborne, Michelle, JD Associ	-14,000.00
Bill Pmt -Check	11/12/2021	538026	Pioneer Center	-6,868.87
Bill Pmt -Check	11/12/2021	538047	Sea Mar	-230.40
Bill Pmt -Check	11/12/2021	538067	Snohomish Co Human Service	-363,309.44
Bill Pmt -Check	11/12/2021	538072	SRS Property Management	-10,633.00

North Sound BH-ASO

Warrants Paid

November 2021

Bill Pmt -Check	11/12/2021	538087	Telecare Corporation	-1,491.42
Bill Pmt -Check	11/12/2021	538093	Therapeutic Health Services	-831.26
Bill Pmt -Check	11/12/2021	538092	Tulalip Tribes	-12,252.83
Bill Pmt -Check	11/12/2021	538111	Volunteers of America	-7,537.59
Bill Pmt -Check	11/12/2021	538123	Whatcom County Health Depa	-49,529.37
Bill Pmt -Check	11/19/2021	538138	Access	-964.78
Bill Pmt -Check	11/19/2021	538150	AT&T	-81.48
Bill Pmt -Check	11/19/2021	538179	Comcast	-337.56
Bill Pmt -Check	11/19/2021	538180	Compass Health	-524,239.70
Bill Pmt -Check	11/19/2021	538214	Firstline Communications (All F	-1,060.85
Bill Pmt -Check	11/19/2021	538215	Frontline Cleaning Services LL	-1,300.00
Bill Pmt -Check	11/19/2021	538237	Island County Human Services	-1,259.22
Bill Pmt -Check	11/19/2021	538328	Richoh USA - 31001	-631.36
Bill Pmt -Check	11/19/2021	538319	Skagit Valley Hospital	-3,952.76
Bill Pmt -Check	11/19/2021	538397	Smokey Point Behavioral Hosp	-2,115.72
Bill Pmt -Check	11/19/2021	538358	Snohomish Co Juvenile	-17,332.04
Bill Pmt -Check	11/19/2021	538410	Wave Business	-601.20
Bill Pmt -Check	11/19/2021	538416	Whatcom Co Superior Court	-74,408.00
Bill Pmt -Check	11/24/2021	538440	Catholic Community Services	-16,673.29
Bill Pmt -Check	11/24/2021	538453	Compass Health	-96,105.63
Bill Pmt -Check	11/24/2021	58464	Evergreen Recovery	-69,945.37
Bill Pmt -Check	11/24/2021	538560	Hand up Project, The	-57,355.83
Bill Pmt -Check	11/24/2021	538496	Mount Baker Presbyterian Chu	-1,765.17
Bill Pmt -Check	11/24/2021	538502	NW ESD 189	-1,124.82
Bill Pmt -Check	11/24/2021	538514	Pioneer Center	-91,096.35
Bill Pmt -Check	11/24/2021	538518	Proteus	-2,434.00
Bill Pmt -Check	11/24/2021	538436	Robinson, Caileigh	-135.00
Bill Pmt -Check	11/24/2021	538558	Telecare Corporation	-4,632.69
Bill Pmt -Check	11/24/2021	538578	Volunteers of America	-176,724.38
Bill Pmt -Check	11/30/2021	IGT	Skagit County Auditor	-3,500.00
				-3,175,228.34
				-3,175,228.34
				-3,175,228.34



2022 North Sound BH-ASO Proposed Operating Budget Overview

Presented by:
Joe Valentine, Executive Director

Agenda

- Budget Highlights
- New and Expanded Funding
- Challenges & Strategies
- 2022 Strategic Goals - Proposed
- Summary of 2021 Versus 2022 Revenues and Expenditures
- Revenue Forecast
- Expenditure Detail Overview
- Staffing – 2022 Organizational Chart

Budget Highlights

- We continue to prioritize State General Fund and Federal Block Grant [FBG] dollars to support Crisis Services
- During 2021 we were also able to support services to non-Medicaid persons in Crisis and Withdrawal Management Facilities – the 2022 budget continues this support
- The Fiscal Closeout plan for the former BHO was accepted
- Two new sources of funding will allow us to continue to expand ASO funded behavioral health services in 2022: COVID FBG and new Legislative initiatives and provisos

New and Expanded Funding

- Recovery Navigator Program
- Long Term Rental Assistance
- Added funding for Crisis Teams, including child/youth teams
- Funding for “co-responder” teams
- Whatcom County Pilot: Crisis Stabilization Diversion
- Whatcom County Pilot: Trauma Informed School Counseling
- COVID Block Grant Dollars

Challenges & Strategies

Challenges	Strategies
<p>Continued increase in calls to Crisis Line due to COVID and Workforce Shortages</p>	<p>Provided funding to VOA for additional staff and new call management system</p>
<p>Crisis Services Agencies still not able to access crisis plan or treatment provider information for Medicaid members</p>	<p>Developed an agreement with MCOs to jointly fund a data sharing platform that crisis agencies can use to access provider treatment information</p>
<p>COVID has complicated the ability of DCRs to conduct ITA evaluations</p>	<p>DCR agencies have been able to obtain PPEs and ASO funded the procurement and deployment of video conferencing equipment to be used by DCRs</p>

Challenges & Strategies [continued]

Challenges	Strategies
Workforce Shortages have created severe access to care problems	Facilitating a joint MCO/ASO workgroup to identify investments that can support the state's workforce development plan
HB 1310 led to reduction in assistance from law enforcement with crisis outreach	Expanding funding for co-responder programs to strengthen collaboration with law enforcement
Closure of BH-ASO office due to COVID	Provided equipment, training, and guidelines to enable ASO staff to continue to perform all functions virtually

2022 Strategic Goals - Proposed

1. Remain in full compliance with the HCA-BH ASO Contract
2. Support continuous process improvement in the Crisis Services System
3. Implement the updated Quality Management Plan
4. Continue to actively support planning to achieve the goals of physical/behavioral health care integration
5. Address the impacts of the COVID pandemic on staff, BHAs, and the community
6. Develop and implement a plan to address social equity and systemic racism
7. Effectively implement new state funded programs, e.g., Recovery Navigator, Long-Term Rental Assistance, Children's Crisis Team, etc.
[New]

Revenues & Expenditures

2021 vs. 2022

BUDGET	REVENUES	EXPENDITURES
2021 AMENDED	\$31,338,766	\$31,338,766
2021 PROJECTED	\$28,881,409	\$34,836,644
2022 PROPOSED	\$38,951,174	\$38,951,174

Revenue Forecast

REVENUE SOURCE	2021 ADOPTED	2022 PROPOSED
Mental Health Block Grant	1,739,489	3,278,880
Substance Abuse Block Grant	3,571,126	5,339,865
Federal Grants [MAT-PDOA/HRSA	456,086	333,333
Medicaid Crisis MCO Contracts	4,287,847	5,102,632
State General Fund	13,689,008	15,186,567
State Proviso and Dedicated Funds	4,268,230	9,706,397
Investment Interest	20,000	3,500
TOTAL REVENUE	28,031,786	38,951,174

Expenditure Detail

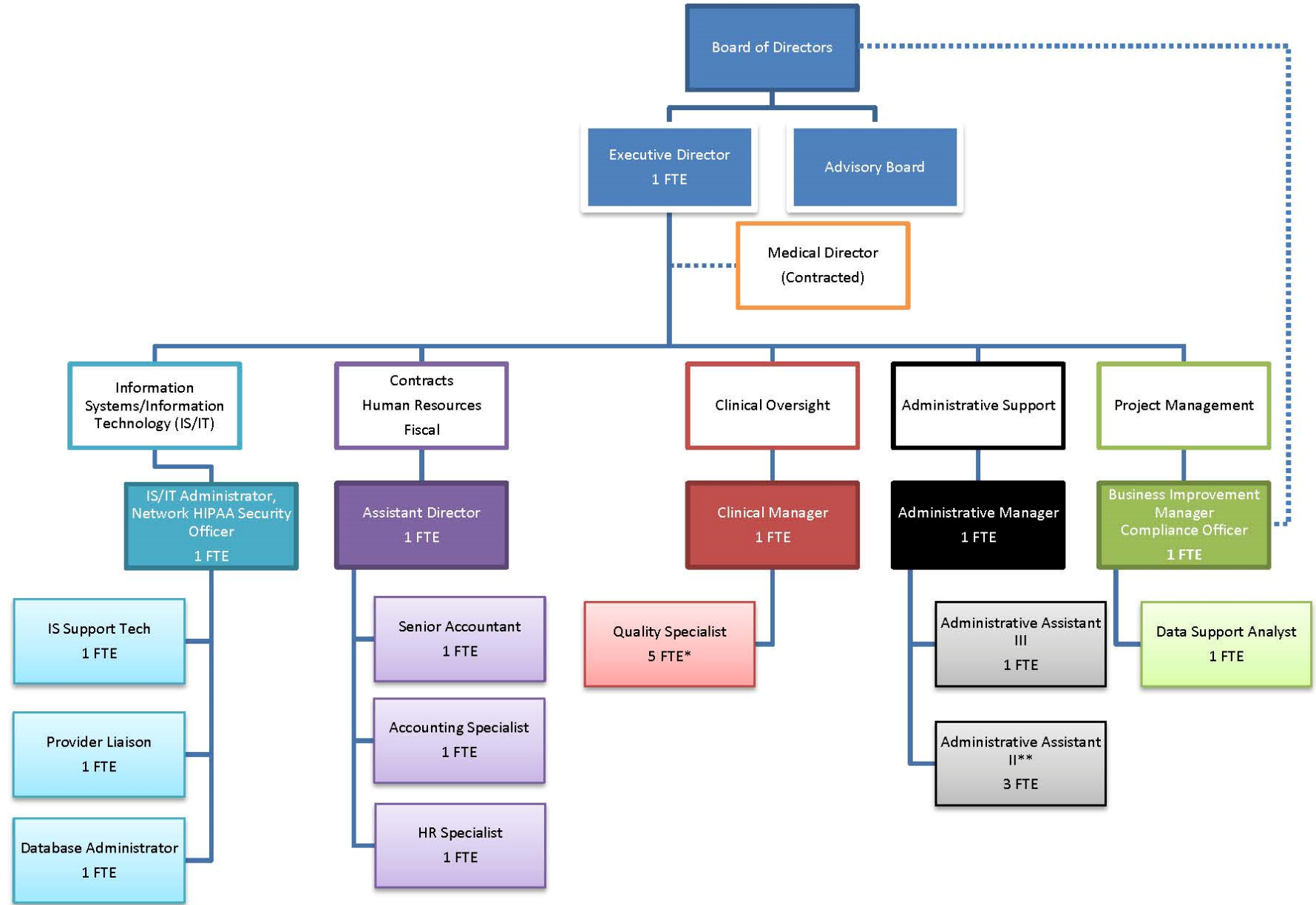
CATEGORY	2021 AMENDED*	2022 PROPOSED	Notes
Salaries & Benefits	2,824,060	3,246,304	Addition of 1FTE, increase of .5 FTE to 1 FTE. COLA Health Insurance Increase
Other Operating	1,237,041	1,106,318	Reduction of office operating expenses and rent
Sub-total Administration**	4,061,101	4,352,62,	
Behavioral Health Services***	27,277,665	34,598,552	Increased revenue: state proviso, Federal Block Grant, Medicaid
TOTAL	31,338,766	38,951,176	

* Amended Budget

** Includes Advisory Board

*** Includes Hospital Inpatient

2022 Org Chart



*New FTE (Recovery Navigator) added for 2022

**Expanded .5 FTE to 1 FTE



Empowering individuals and families to improve their health and well-being.

Serving Island, San Juan, Skagit, Snohomish and Whatcom Counties